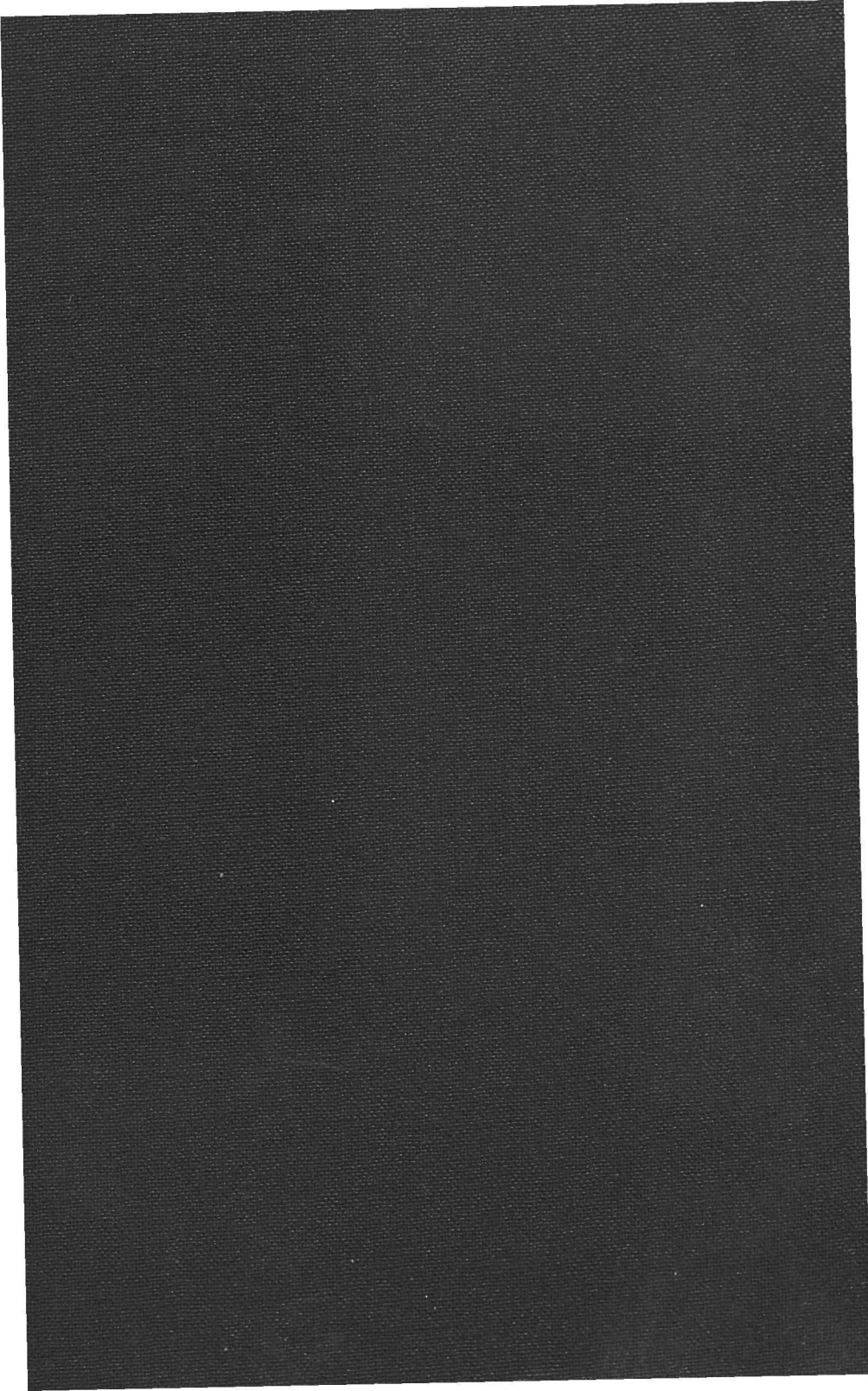
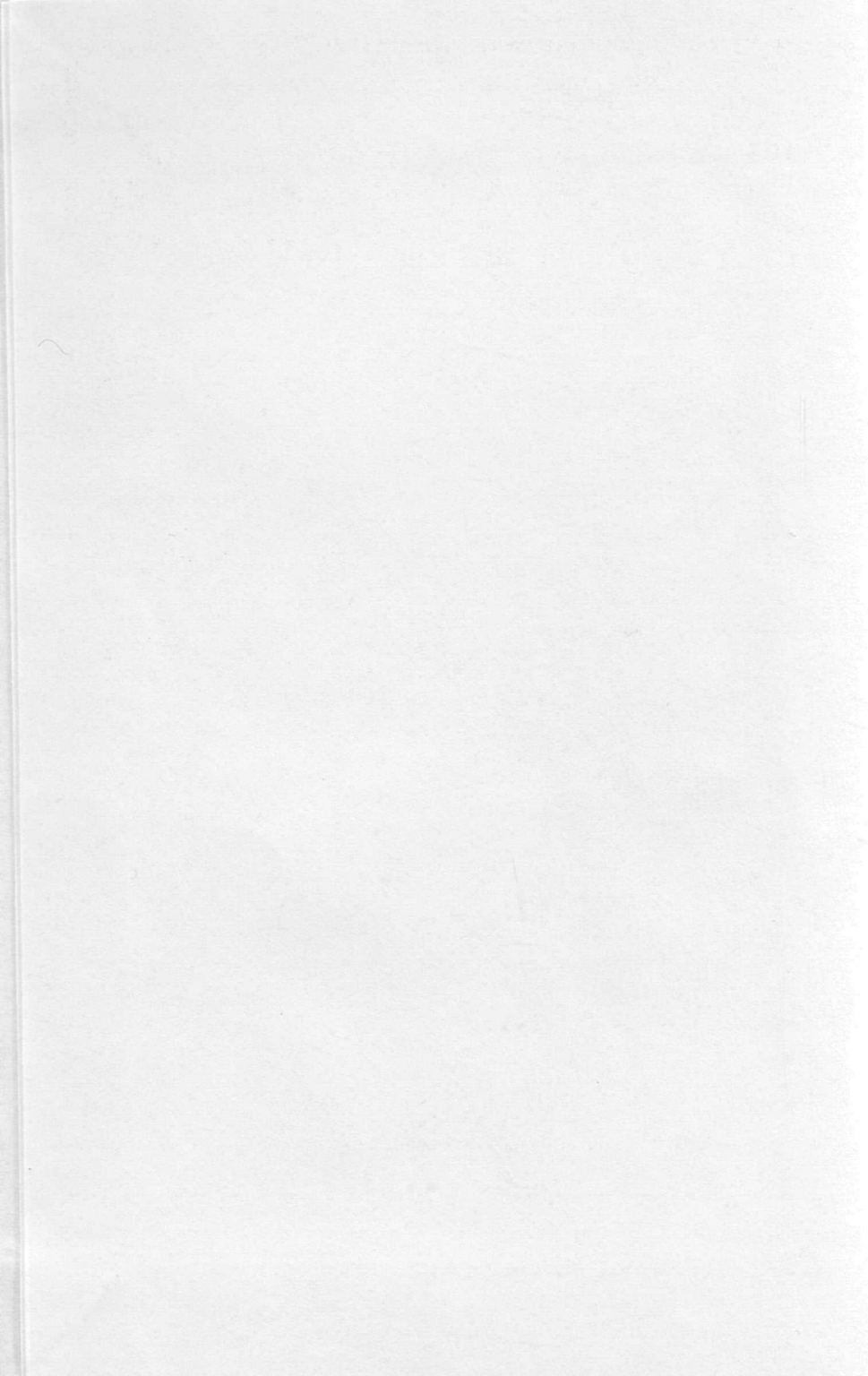


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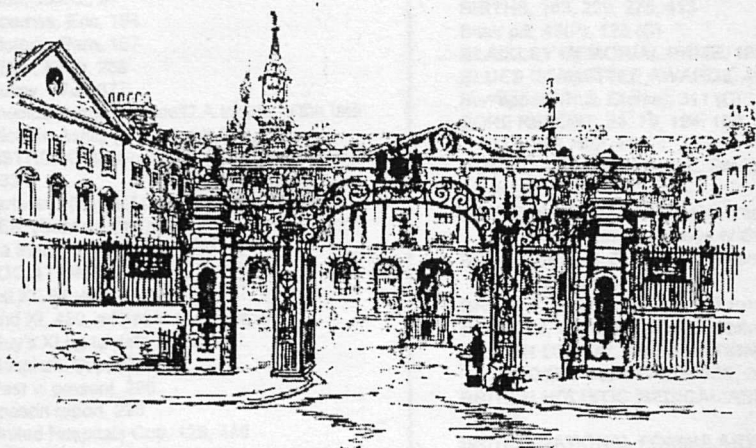






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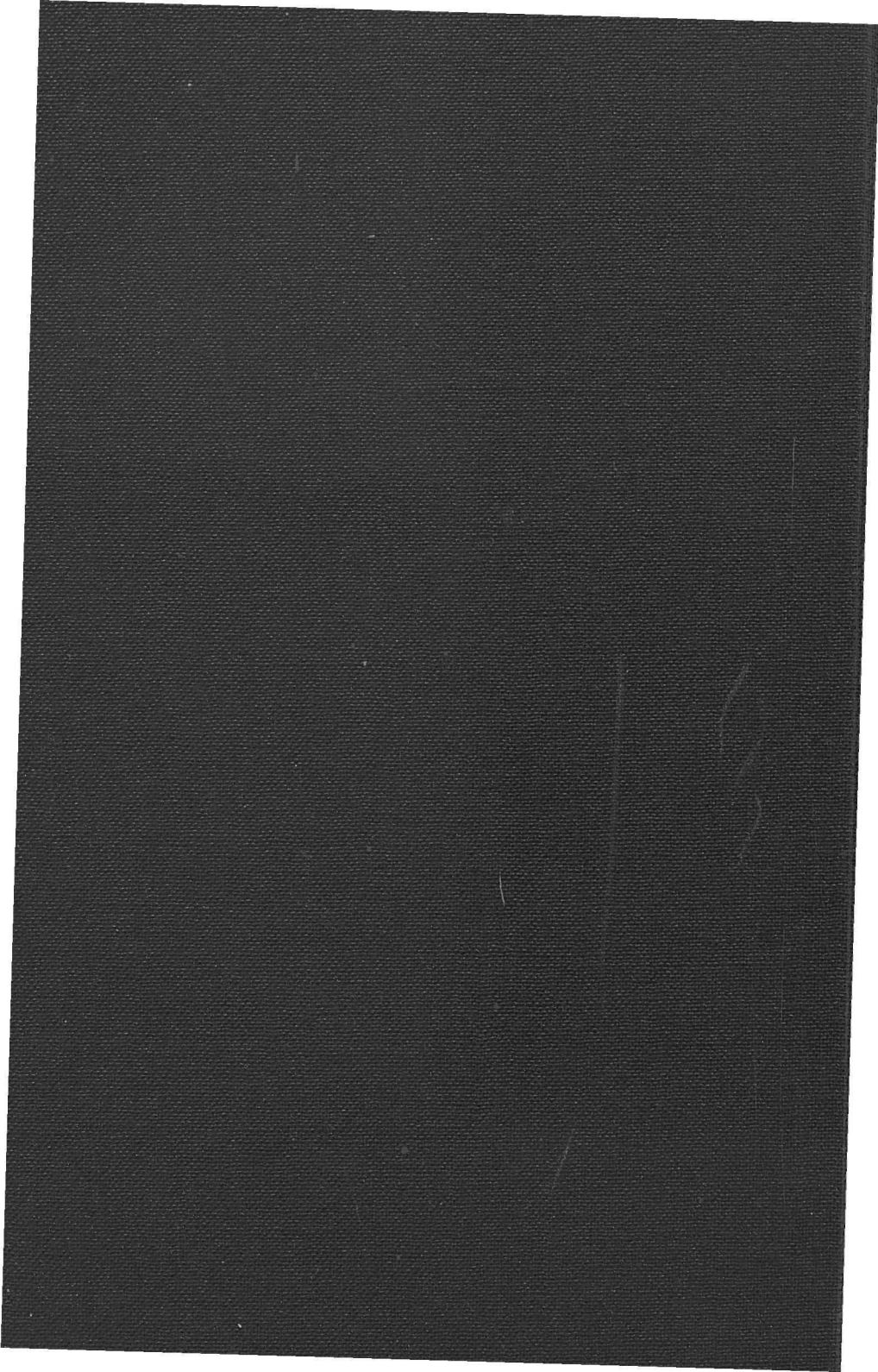
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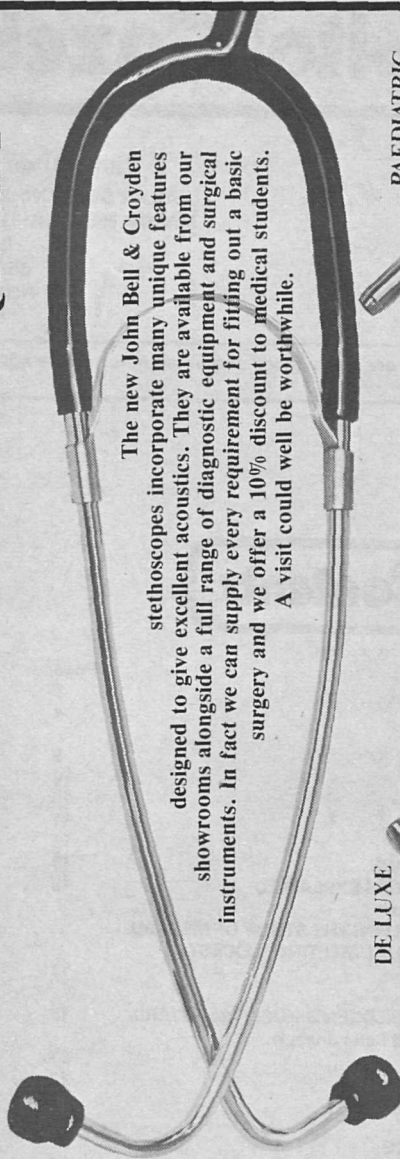
PAT DRISCOLL

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

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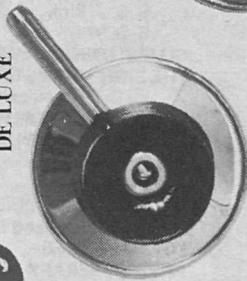
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A NEW GENERATION OF PRECISION MADE STETHOSCOPES OF THE HIGHEST QUALITY

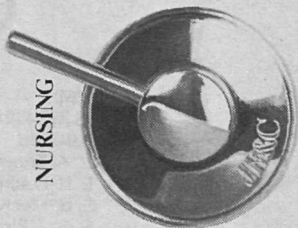


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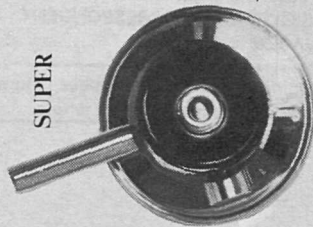
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Limited Lists

In the advent of the impending April 1st deadline, doctors are being deluged by confusing information regarding the proposed limited list of drugs available to be prescribed under the National Health Service. The proposed list limits the number of drugs available in certain sections of the *British National Formulary*. It does *not* mean the doctors cannot prescribe the unlisted drugs, merely that their patients would have to pay private prescription fees for such drugs.

Many hospitals and a few general practices already have their own lists of recommended drugs, and on the whole, when sensibly drawn up, these are an excellent guide for the prescribing doctor. However, this national list seems to have been negotiated without involving practising doctors. So far *only eight* categories of drugs from the *British National Formulary* are involved. Many recommendations are sensible. Two major criticisms emerge. Firstly, as one turns to the *British National Formulary* Section 4.7.1., one finds to one's horror that the analgesics remaining available under NHS prescribing include aspirin in three formulations and paracetamol in two formulations; the next available analgesic listed is morphine! Which will the caring doctor prescribe for cases of broken limbs or moderate carcinomatous pain? Secondly, the choice of laxatives – only glycerol suppositories and methyl cellulose granules are to be available. How will the terminally ill, infirm or elderly patient manage without an easily swallowed laxative in liquid or tablet form? The ministers state that for every drug available now there will be an alternative on the list – however, will there be an *equivalent* alternative? Surely intermediate analgesics such as dihydrocodeine and suitable, easily administerable laxatives must be made available. A glimmer of hope may be seen in: "ministers want to discuss the contents of the list as they are anxious to avoid ending up with a list that will be found in practice to have serious flaws." Nonetheless, some M.P.s, lay people and the media seem to be confusing the proposed list of recommended drugs with the concept of generic prescribing. It must be made clear that generic prescribing is a totally separate issue.

Needless to say, the pharmaceutical industry is fighting the proposed changes, although they have not planned and coordinated their campaigning well and it is thus rather ineffectual. Unfortunately, by involving doctors in their campaign, the drug companies have hidden reasonable, medical suggestions amongst statements such as "Clinical studies have shown that modern medicines are significantly better than outdated ones." It is clear that many of them have not researched the proposed cuts at all. Some believe Vitamin B₁₂ will be excluded, whereas if one looks properly this vitamin is listed under a different, unaffected section of the *British National Formulary* than other vitamin preparations which *are* limited. Naturally the drug companies disagree with any

restriction of National Health prescribing, although many doctors would welcome a sensible, practical limited list of drugs available within the National Health Service. Thus the medical profession and the pharmaceutical industry are not wholly agreed on the issues involved. The medical profession has not made much of a stand for its own views as yet.

What is now needed, assuming that this list is a "shot across the bows" for G.P.s, is an assurance that important medicines will still be available. It is clear that many expensive drugs have suitable alternatives, and that there is justification in restricting the prescription within the Health Service of unnecessary, costly preparations.

News in Brief

Mr. I. W. Broomhead, M.A., M.Chir., F.R.C.S.

Many congratulations are extended to Mr. I. W. Broomhead who has been elected as President of the British Association of Plastic Surgeons for 1985.

Dr. R. Grahame M.D., F.R.C.P.

Many congratulations are also extended to Dr. Rodney Grahame who has been elected President of the British Society of Rheumatology for 1986-7.

Guy's Gazette Christmas Raffle

It is with great pleasure that we announce the winners of the 1984 Guy's Gazette Christmas Raffle, which was drawn on December 14th, 1984.

- 1st Prize Mr. A. D. Lewis
 - 2nd Prize Mrs. L. Franks
 - 3rd Prize Mr. D. Muir
 - 4th Prize Dr. A. Hemlock
 - 5th Prize Dr. N. C. Brooks
- Congratulations.

South Wales Guy's Society

The Annual Dinner of the South Wales Guy's Society will take place on Saturday, March 16th. It is to be held in the Park Hotel, Cardiff. The incoming President is Mr. Eric Sturdy and the guests from Guy's, Professor M. Lesoff and Dr. R. Knight. Information or bookings for the Dinner can be obtained by contacting the Secretary, Mr. C. E. C. Lewis of Glenhaven, 129 Cardiff Road, Taffs Well, Mid-Glam CF4 7PP.

Leung Woon Keung Fund

Mr. and Mrs. Leung Woon Keung of Hong Kong have given the School a further £5,000 for the fund set up in their name by the School in 1979, the income of which is being used for prizes for Guy's medical students who wish to spend their Elective overseas. Two sons and a daughter-in-law of Mr. and Mrs. Leung qualified in medicine at Guy's.

Careers in Medicine Course, 4-8 March 1985

This course will be held in the Anatomy Theatre on the evenings of 4, 5, 7 and 8 March at 4.30-5.30. All clinical students and those interested are warmly invited to attend; it is hoped to cover as many specialties as possible during the week including general practice and working overseas as well as giving details of the Guy's appointments scheme and career structures in general. The course is organised by the Department of Postgraduate Studies in collaboration with S.M.E.C.

Guy's Hospital Rugby Football Club Reunion Weekend

The annual buffet dance will be held in the dining room, Boland House, on March 23rd, 1985, at 7.30p.m. Single tickets are available from Dr. T. Gibson, Dept. of Rheumatology, price £7.50. Cheques should be made payable to Guy's Rugby Football Supporters Club.

Past v. Present Match

The Past v. Present match will take place at 2.30p.m. on March 24th, 1985, at Honor Oak Park. Past players who would like to participate should contact Dr. Paul Emery, Dept. of Rheumatology. Tel: 407 7600 Ex. 2424.

The 200 Wine Club

Prize draw winners: October, 1984: Mr. S. J. Fletcher
November, 1984: Mr. P. Keen
December, 1984: Mr. A. Cook

Guy's Film Society

Peepshow Productions would like to thank everyone who contributed to the Evelina Fund by attending the highly successful showing of *The Jungle Book*. Total profits of £89.70 were donated to the appeal. The evening was greatly enjoyed by both adults and children alike. Since its resurrection in November 1984, Peepshow Productions has proved to be extremely popular as shown by the sell-out performances of *Tootsie*, *Gallipoli* and *The Jungle Book*. It is hoped that the same amount of support will be received in the coming year.

Evelina Appeal Sponsored Walk

The *Gazette* would like to express its gratitude to our advertisers, all of whom have generously sponsored the walk (see page 19).

Guy's Reunion, New South Wales

On December 1st, 1984, Australian Guy's men held a garden party reunion at Henley, N.S.W. As this was the first reunion for ten years in N.S.W., a huge amount of research went into tracking down Guy's men, resulting in no fewer than 115 being invited. Groups were found in every state, except for Northern Territory. The weather held beautifully, and there was a marvellous turn-out of Guy's doctors, dentists, nurses and physios, with or without partners.

Any reader interested in contacts in Australia, including those who were untraceable for the reunion, are warmly invited to write to: Dr. Bob Webb, 26 Sherwin Street, Henley, N.S.W. 2111, Australia.



Present:

Eric Andrews, John Boger, 1955, Peter Cook, 1953, Peter Calverly, Howard del Torres, Derek Dodshon, 1954, Peter Dunston, L.D.S., John Farrell, 1956, Diana Griffin, née Merrett, S.R.N., 1956, Harris Greenberg, 1952-1958, Alison Hartwell, S.R.N., 1968, Francis Hemming, S.R.N., 1936, Douglas Keller, 1948, Desmond Rea, Mike Rallings, 1961, Brenda Rallings, née Minter, S.R.N., 1959, Marion Ralston, 1954-1956, Gillian Rowell, S.R.N., Ms. R. Terry, B.D.S., David Sykes, B.D.S., Osler Thomas, 1956, John Tonkin, 1954, Rosalie Walter, S.R.N. 1970, Bob Webb, 1951, Celia Webb, née Coventry, S.R.N., 1948, Clive Barrett, 1962, Peter Bilenkij, Nicholas Clarence, L.D.S., Michael de Groote, John Davies, 1957-1963, Judy Davies, S.R.N., 1963, Ted Elkington, Peter Hall, 1969, Helen Hindmarsh, S.R.N., 1970, Gwilym John, 1953, Hazel McKenzie, S.R.N., S.C.M., 1958, Peter Rickard-Bell, Judith Rickard-Bell, S.R.N., 1959, Mike Steyn, 1961, Jennifer Smith, S.R.N, Nicholas Singer, B.D.S., 1978, Douglas Wood, 1957, Arthur Horniblow, 1952-1958, Molly Horniblow, 1954-1958, John Richards, L.D.S, R.C.S., 1944, Diana Tuckey, S.R.N., 1961 and Margaret Rust, S.R.N., 1966.

Apologies received from:

Peter Brook, Bob Browing, Graham Bury, G. Bridger, Dai Davies, Neville Don, Kathleen Dalgetty, Lionel Evered, Graham Fisk, John Gritton, David and Kay Gill, Derek Harris, John Howell, Graham and Maggie Hall, Roger Innes, Angus Kingon, Mike Loader, Sheila Lett, John Morris, Tony Orsmond, Mary Rich, Roberta Shepherd, Martin Stafford-Bell, Bill and Beryl Tweed, Janet and Mike Boyd, Elizabeth Wallace, Edwin and Jean Johns, Prof. G. Kune and Brian G. Jackson.

Accident and Emergency

The photograph shows Maj.-Gen. Kirby and friends at the recent opening of the magnificently refurbished casualty department. The new facilities are spacious and well-equipped, and are a welcome change from the old, cramped, inadequate building.



The Roger Warwick Prize

Professor R. Warwick has given more than £3,500 to endow an annual prize at the United Schools, and the prize is to be awarded to the premier student of those who have intercalated a B.Sc. degree in the Anatomy Department. The prize – The Roger Warwick Prize – will include books, and a suitable book plate has been designed in the Department of Audio Visual Services.

The first winners are Miss T. Bernard and Miss P. G. Edwards, both of St. Thomas's, who achieved 1st class Honours and who share the prize for 1984.

Miss A. E. Crump

We offer our warmest congratulations to Miss A. E. Crump who was awarded an M.B.E. in the New Year's Honours List. Miss Crump has recently retired as Senior Nursing Officer of the Evelina Children's Department. We wish her well in her retirement.

London Medical Group

The Annual LMG Conference will be held on the evening of Friday, 15th and all day Saturday, 16th February, at the Royal College of Surgeons, entitled "Sex and Sexuality". A number of eminent speakers will be examining the clinical, social and moral consequences of the separation of sex from procreation. The conference fee is £30 and £6 for students, which includes refreshments and lunch. Application forms are available from any LMG representative *via* the notice board in Boland House.

The next LMG Symposium at Guy's will be held on Thursday, 24th January at 5.45 p.m. in the Anatomy Lecture Theatre. It is entitled "ECT: The right to refuse treatment". Everyone is welcome.

Assistance Requested:

Search for identity of author of several poems in the *Gazette* under pen name S.S. in early 1900s. (Disillusion, p309, 1906; To Phyllis, p251, 1907; August Off, p318, 1907; Bridge, p38, 1908; Patience, p78, 1908; Newcomen-Way, p128, 1908; Rain, p189, 1908; Two Theories and a Remedy, p353, 1908; The Library, p484, 1908; "Jim". p197, 1909; Two O'Clock, p314, 1909; The Student's Guide to Osler, p420 1909). Have reason to believe S.S. was killed in the war. Any information appreciated. Correspond through *Gazette* or directly to Carwile LeRoy, M.D., 75 Tradd Street, Charleston, SC 29401, U.S.A.

Gazette Staff Appointment

We welcome Chris Pocock as Sports Correspondent; we are particularly pleased that he is an accomplished sportsman in the tradition of the post.

We also say farewell to Wiktor Zbrzezniak, and thank him for all his hard work in the job. He leaves to concentrate on Finals and contemplate connubial bliss in the summer. We wish both of them the best of luck.

Guy's Hospital Gazette



We should like to remind our readers that all copy for inclusion in the "Gazette" must be received 15 days before publication. Copy dates for the next two months are February 13th and March 20th.

Copy may be sent to us at 23b St. Thomas' Street, Guy's Hospital, SE1 9RT.

Birth, Marriage, Death and Change of Address notices are inserted without charge to subscribers.

When subscribers notify the "Gazette" of Change of Address, would they please indicate whether or not this should be published.

Personal notices are charged at 10p per word (prepaid, minimum £2.00).

Non-subscribers are charged £2.00 (prepaid) for all notices other than Death.

Obituaries

H. A. Thomas, F.R.C.P.

Dr. Henry Anthony Thomas, formerly the senior partner in a group practice in Cardiff, died on 7 August, 1984 at Llandough Hospital after a brief illness. He was 70 years of age. 'Tony', as he was affectionately called by all who knew him intimately, was born at Sketty, Swansea. Educated at Wycliffe College, Gloucester, he entered Guy's Hospital, London, in 1934 and qualified M.R.C.S., L.R.C.P. in 1940. After several house appointments at Guy's, Tony joined the Royal Army Medical Corps, and, after initial training at Crookham, was appointed medical officer to the Gordon Highlanders. In 1945 he was promoted to the rank of Major and C.O. of the Special Treatment Hospital, Somaliland. On demobilization he spent some time in rural practice in the Vale of Glamorgan, residing in Cowbridge. Later, he became a partner to Dr. Morgan Williams, Ely, Cardiff and on his death he took over as senior partner.

That Tony was a highly respected physician is reflected by his appointments to fellowships of the Royal College of General Practitioners and the British Medical Association. He was for many years a clinical assistant in the Department of Venereology at the Cardiff Royal Infirmary, and it is therefore not surprising that he based his Presidential Address to the Medical Society on his vast experience in this specialty. Prominent in the activities of the British Medical Association, he was a past Secretary and Chairman of the Cardiff Division, offices which he held with distinction. Long associated with the political aspects of general practice, he was Secretary, then Chairman of the Local Medical Committee. He played a considerable part in the training and teaching programme of young Cardiff students and doctors in association with both the Welsh National School of Medicine and the Royal College of General Practitioners. One of his great passions was the South Wales Guy's Society of which he was a founder member and Secretary for many years. In this capacity he became known to Guy's men and women everywhere and worked unstintingly to maintain the traditions of the hospital.

Tony was essentially a family man. Whether it involved chairing a parish meeting, actively participating in the best-kept village competition or church fête, or diligently attending to his garden, he never spared himself. In all this he was, unobtrusively, the gentleman who led by example.

By nature he was quiet and reserved but in private conversation he soon revealed the extent of his knowledge not only relating to literature and music, which were among his greatest loves, but also his mastery of the art of the family physician. It is noteworthy that, accompanied by his wife Nina, he used to delight in making yearly visits to the Aldeburgh Musical Festival. Above all, he was a true Christian and generously

supported his parish church in every possible way. He will be sadly missed by all his medical colleagues and friends, his patients and, not least, his family. To Nina, his two children and four grandchildren we extend our heartfelt sympathy in their overwhelming loss.

C.E.C.L.

Dr. Edward Henry Roche

Edward Henry Roche suffered a coronary at the beginning of November and died on 7 November, 1984, at the age of 89. He came to Guy's after service in the first war, in which he was awarded the M.C., and passed the conjoint examination in 1926, proceeding to M.D. London in 1930. He was awarded the major Guy's travelling scholarship. It is interesting that his hobby was sailing and he went to Auckland in New Zealand where the harbour offers splendid opportunities.

It was as a cardiologist that he made his mark and was regarded as the founding father of this specialty in Auckland, if not in New Zealand. He became F.R.A.C.P. in 1939, and he had been president of the Cardiac Society of Australia and New Zealand and of the Auckland division of the B.M.A., and vice-president of the R.A.C.P.

As a cardiologist he introduced the first electrocardiograph service and developed cardiac catheterisation and was a key member of the heart surgery team at Green Lane hospital. One of his colleagues, Dr. M. Gilmour has said of him that he was a devoted and tenacious physician, and he was the most modest of men. In his last year he was blind and suffered severely from photophobia. He is survived by his wife, Barbara, and their three children and their families.

A.G.T.

L. G. MacKenzie, B.Sc., M.R.C.S., L.R.C.P.

Dr. L. G. MacKenzie (Mac or Graham to his friends) died on 29th July, at the age of 77 years, after a short illness. He had practised in various parts of South Africa for almost 50 years.

He attended Durban High School and took his B.Sc. at Natal University College Pietermaritzburg. He then entered Guy's where in 1933 he qualified M.R.C.S., L.R.C.P. He held several house appointments at Guy's and was House Physician to Dr. E. P. Poulton and Dr. Maurice Campbell. He was an able student with a receptive brain, and it was not necessary for him to spend a lot of time over his books. He was a happy carefree student always smiling. He enjoyed many extramural activities such as plays and musical comedies in the West End. He enjoyed watching tennis at Wimbledon and motor racing at Brooklands. He played tennis and rugby.

In 1943 he returned to South Africa to a general practice in Pietersburg. Here medicine was exciting and varied and included much work in the local hospital.

In 1940 he joined the South African Defence Force. His unit trained on the banks of "The great grey-green greasy Limpopo river" and then moved to East and North Africa. In the rapidly changing fortunes in this phase of the war in Africa he was taken prisoner for a short time. He was recalled to his practice in Pietersburg in 1942 and worked there until 1948 when he moved to an African practice in Natal at Donnybrook. He had a very busy surgery near the rail head, and patients travelled from far and near to see him. In addition he ran many clinics from a specially equipped van. Subsequently he joined the Natal Public Health Service and worked as Port Medical Officer in Durban. On retiring from this he was Medical Officer to a Home for Old Age Pensioners. His cheerful approach and sensible doctoring were always much appreciated.

A patient writes "Mac was one of the best and most respected friends I ever had. He had many attributes of the highest degree, his honesty, his application to work, his care and concern for his patients. He was a great man."

He is survived by his wife Wendy (a Guy's nurse) three daughters, a son and several grandchildren.

F.R.K.

Stanley Charles James Pink, B.D.S., L.D.S., R.C.S.

Stanley Charles James Pink died suddenly on 17th November, 1984, in Surrey where he was attending the annual reunion of his old school. He was born in Redhill, Surrey, in 1920 and was educated at Reigate Grammar School and Guy's Hospital, qualifying in 1944.

After six months as a House Surgeon at Guy's, Stanley joined the R.A.D.C. and was posted to Edinburgh as a Lieutenant in January 1945 where he met his wife Joy. He served overseas from September 1945 in Egypt and then in Palestine where, having attained the rank of Captain, he served as Chief Dental Officer at the Convalescent Depot at Nathanya.

Upon demobilisation in March 1948, Stanley worked as an assistant in general practice in Bradford and in Hawick. In 1952 he bought his own practice in Ilkeston, Derbyshire, where he worked until his death.

Stan was a man of wide interests. He had been a keen motorist and rally driver. One of Stanley's great pleasures was travel. With his son Alastair he motored extensively in America and Canada and with Joy travelled widely in Britain and on the Continent. Stan enjoyed reading and recently he had developed a passion for gardening. He was, for a period, a devastating ten-pin bowler. He was a jazz lover and will be remembered in Ilkeston for the concerts he organised in aid of the British Heart Foundation.

His first interest, however, was his work. He was an able general practitioner who will be sadly missed by his patients. He served for many years on Derbyshire Local Dental Committee until reorganisation in 1974. He was an enthusiastic B.D.A. member, a regular attender at East

Midlands Branch Meetings and functions and served as Branch President in 1979-80 during centenary year. He was an associate member of F.D.I. and attended a number of F.D.I. Conferences in Europe.

Stanley was a generous supporter of the "Ben Fund" and he will be remembered by his many friends and colleagues in the East Midlands for his good natured generosity and humour.

Our sympathy and condolences are extended to his wife Joy, his sons Richard and Alastair, his daughter Cheryl and grand-daughters Melissa and Faye.

D.B.

Miss Barbara D. Worlidge

Miss Barbara Worlidge, a former teacher and deputy head in the Hospital School, died in Guy's on 1st December, 1984. She joined the school in 1955, and taught at the Evelina Hospital, in the children's wards at Hunt's House, in the Bostock Unit, and later in the Tower.

She left in 1975 to become Headmistress of the Hospital School at Black Notley, in Essex, and since 1978 had been Head of the Cheyne Hospital School, West Wickham, Kent.

N.S.



Clubs' Union News

Who says students are apathetic? The encouraging signs from the Clubs' Union elections and clinical grants campaign bode well for the future of Guy's student life. In addition, at the AGM, to be held on February 19th, four new clubs will be admitted as constituent members, namely the Parachuting, Cycling, Fly Fishing and Ski clubs.

The recent elections are particularly noteworthy with not one, but all three, senior positions contested, surely unprecedented enthusiasm. Results were as follows:

President:	Elaine Parsons	325 votes	Elected
	Andy Farmery	127 votes	
Vice-President:	Duncan Brooke	121 votes	Elected
(Medical)	Sarah Corston	92 votes	
Vice-President:	Clare Chavasse	109 votes	Elected
(Dental)	Nigel Monaghan	61 votes	
	Jon Hyder	62 votes	

Elaine must be heartily congratulated on a well-deserved victory, particularly as she will be the first female dentist to hold the office of President.

It is clear that many students have been particularly severely hit this year by the effective cut in student grants *via* increased parental contributions and, for many, a cut in funding for travel expenses. In addition, clinical students are paid a lower weekly rate for the extra 22 weeks they work, as outlined in last month's *Passim*. Several students have approached me over the last few months asking why the Union was not campaigning, particularly after seeing the NUS demonstrations. Indeed, it is true that since no London medical school is affiliated to the NUS we do tend to get left out of campaigns and demonstrations. However, we in ULU Med Groups have at last got our act together and Tuesday, 5th February, is the date of a mass lobby of Parliament by medical and dental students from all over the country. To provide back up information for this lobby I recently circulated a student welfare questionnaire to all medical schools, and hence to all medical and dental students, inquiring about their grants, expenses and also their accommodation. This will at least give some idea as to exactly how badly off the students are, or think they are, plus provide extra information for the University of London accommodation survey. Of course, not every student will lobby their M.P., but every student is being encouraged to write a letter (granted the Union supplies a sample letter which they may copy) and, at the time of writing, almost 100 such letters have been written. On the 5th, these will be presented to the House of Commons *en masse*. The whole day should prove to be rather fun.

Apart from this campaign and the elections, the Union has also been concerning itself with some fund raising. We are jointly organising a sponsored walk in aid of the Evelina Children's Hospital on Sunday, February 3rd. This was to be the first day of Charities Week; however, I have been informed that the week has now been postponed to the first week of the Summer term due to disorganisation (although, I am assured, not apathy). Due to a slight oversight, the walk is to be the day after the Dental Ball, although many students have still been attracted by the free and cheap booze and promise of a good day out. In addition, the London Ambulance service, Price Waterhouse and many other companies and organisations are taking part, giving a predicted total number of 700-800 walkers. The Dean of the Medical and Dental Schools has very kindly accepted to start them all off on the 14 miles to Woolwich and back.

John Edwards



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Contributors are requested to supply copy with double spacing and preferably typed. Hand written copy should be similarly double spaced and in legible script; names should be made especially legible by the use of capital letters.

The Sign-Up System Explained

by John Rees, Clinical Tutor

The Guy's sign-up system, which operates at the end of each firm, is a persistent source of worry to students. October 1984 saw the introduction of a change in the system, and has prompted this explanation of its workings and purposes.

Sign-ups are used for two distinct purposes. The Medical School uses them to assess a student's progress, particularly to try to pick up early any student having problems with the course. This might be shown by a poor sign-up or a progressive change in the results. Secondly, the hospital uses an aggregate of all of a student's sign-ups as part of the information which goes towards allocating house appointments. This second use means that there must be a discrimination between competent students, not merely a system which detects those having problems.

The sign-up consists of two parts, one relating to knowledge, ability and clinical skills, and the other concerned with attendance, contribution to the firm and general approach. The first part has for some time been on a grading of 1 to 5. The intention is that most students would receive a grading of 3, indicating satisfactory progress. The part relating to attendance changed from an A to C to an A to E grading in October. The change was designed to allow more discrimination and to counteract a tendency for some firms to award a very large number of A grades. I hope to reassure students that a grade of C3 (or B3 in the old system) is not a poor sign-up, but is to be regarded as the usual sign-up indicating satisfactory progress. Only about one third of students should score more than this on a particular firm.

Some students are worried that they do not see enough of a consultant on an eight week firm for a true assessment to be made. The medical firms have recently changed from ten to five students and this should answer any such doubts for these firms.

Most decisions on sign-ups are made in consultation with all junior and senior staff on the firms. A number also use an assessment such as a multiple choice examination in coming to their decision. Each consultant has his own sign-ups fed back to him regularly, together with the overall distribution. In this way consistent high or low markers can be identified and encouraged to conform to the system.

Students are able to find out their own sign-ups from the Medical School office, though some firms tell the students what they are being given. This is encouraged particularly for a below average sign-up. Consultants are asked to tell students earlier in the firm if such a sign-up seems likely, so that action can be taken in time, and to see students given a poor sign-up to explain its basis and suggest remedial action.



Guy's Hospital Gazette



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The Association for the Study of Medical Education, Annual Meeting, Leicester University

by Ian Brown

A.S.M.E. is an organisation which provides a forum for the discussion and communication of ideas on all aspects of medical education. It is based in Dundee, but through its conferences, booklets and journal has links all over the world. This conference indeed had a very cosmopolitan flavour. It also had students to provide the consumer's viewpoint.

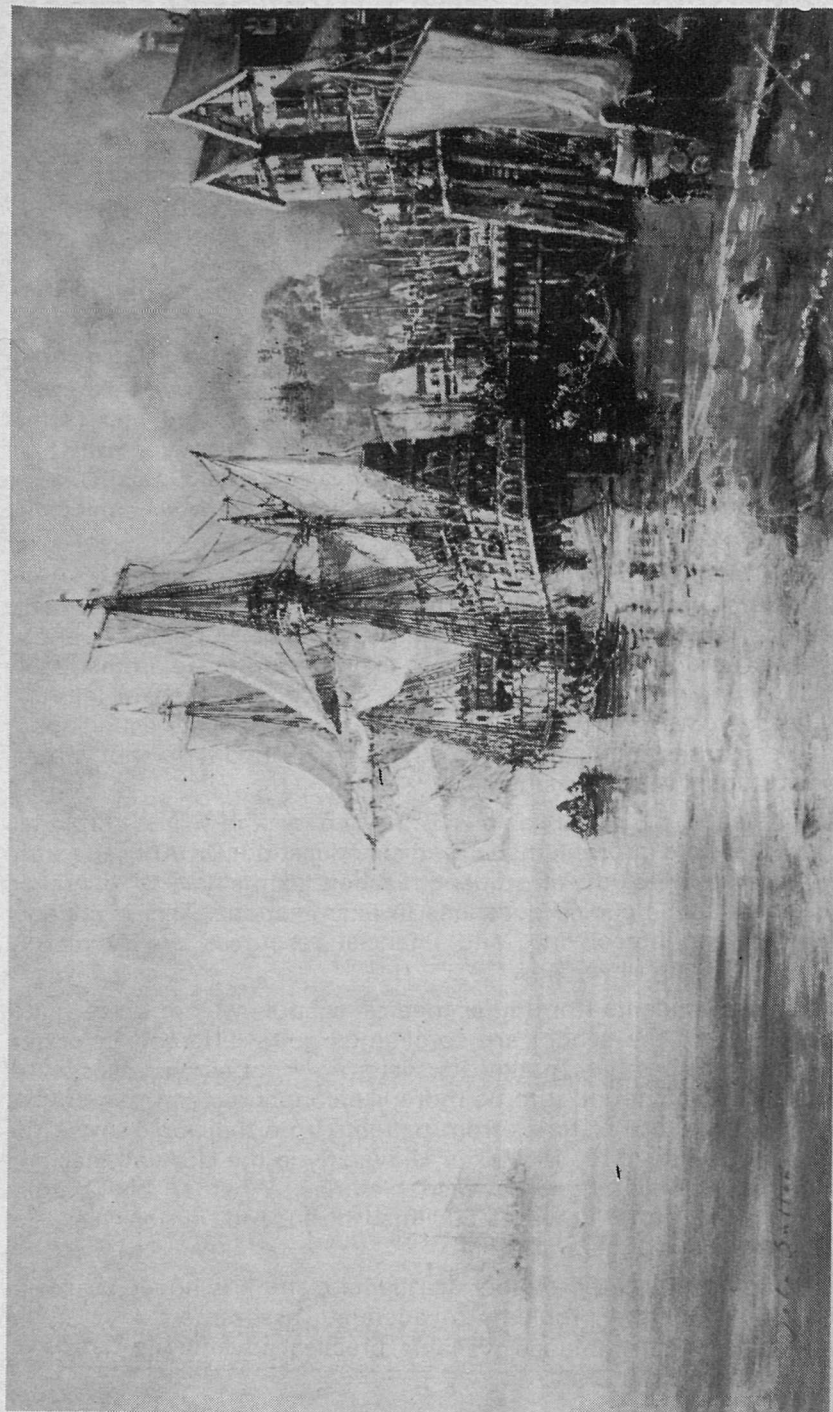
The problems and techniques of assessment filled most of the first day. In a very interesting set of talks and discussions, it was recognised that while formal assessment techniques may give insight into factual knowledge and memory skills, they poorly assess skills of communication, attitudes and motivation in the students. One speaker, a non-medic, suggested that it was these latter aspects which made the greatest difference to the patient.

Many techniques of clinical assessment were discussed. Dr. Anne Urquart, from Dundee, described the Objective Structured Clinical Examination, (O.S.C.E.), in which students are asked to perform various clinical tasks, and receive criticism on their performance immediately afterwards. The aim is that the examination become a time of learning and it has been well received by the students. Other interesting ideas included peer assessment, students criticising each other, and various methods of student self-assessment.

The presence of participants from all over the world provided interesting contrasts in problems in medical education. Dr. Abosede from Nigeria presented a study of student reaction to the use of overhead projection of multiple choice questions in examinations. This is cheaper than large-scale photocopying, and financial resources are scarcer in Nigeria than in Britain – even now!

To talk with students from other medical schools was of great value. The approaches of the school are sometimes quite different. Leicester, only 10 years old, has had to alter its system of continuous assessment because the students found it to be more like continuous harassment! At Sheffield, students take histories from patients from their first day at the medical school, while at the McMaster University in the USA, all teaching is problem based, starting with case histories. Whether any system produces better doctors, however that may be judged, is not clear, but each has its enthusiastic support.

The conference was thoroughly worthwhile, and it is hoped that with such discussions of the problems of adequate assessment and of the various new teaching techniques available, practical advantages in medical education may be gained.



The Golden Hind

on the Thames at Deptford, 1581

John Sutter



Guy's Evelina Children's Hospital Appeal

by Michael and Peter Joseph

"The *Golden Hind* on the Thames at Deptford 1581" by John Sutton

Deptford Round Table recently offered to the Evelina Appeal the fourth edition of a 750 print facsimile limited edition. As can be seen in the black and white reproduction shown here, each print carries at the base the wording: "Fourth Limited Edition of 750 prints in support of Guy's Evelina Children's Hospital Appeal", with the Guy's shield below. Each print is signed by the Chairman of the Appeal, Dr. Michael Joseph.

The *Golden Hind* was Captain Drake's ship. On 4th April, 1581, Queen Elizabeth I dined with Captain Drake aboard his ship at Deptford and conferred on him the honour of a knighthood. Her Majesty gave orders that the *Golden Hind* should be preserved at Deptford as a memorial of the national glory and of her captain's enterprise.

John Sutton is a well-known professional artist, working in both oils and watercolours. Born in Norfolk in 1935, he studied painting in Norwich and Brighton Schools of Art. His paintings of marine and landscape subjects are represented in private collections in England, Europe and the USA.

The prints being offered, in facsimile, size 30" x 20", are reproduced by the four colour process on Mellotex Matt Cartridge 155 gsm.

Readers can obtain a print from the following address by enclosing with their order a donation of £40 or more to Guy's Evelina Children's Hospital Appeal: Deptford Round Table, PO Box 645, London SE26 5LX. Cheques should be made payable to Deptford Round Table and crossed "Trustee Account".

A sample print in full colour can be viewed at the Evelina Appeal Office, 23b St. Thomas Street, SE1.

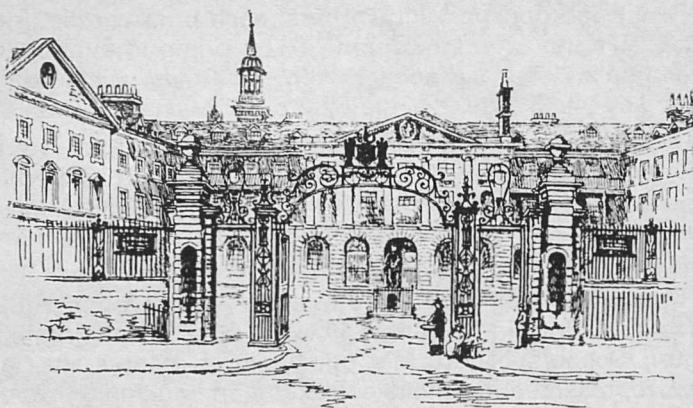
London Marathon, 21st April 1985

A number of runners took part in last year's London Marathon in aid of the Evelina appeal. If any readers who will be running have not yet chosen a charity, we invite them to consider supporting the Evelina Appeal. Sponsorship forms are available from the Appeal Office, 23b St. Thomas Street, SE1.

Sponsored Walk – Sunday February 3rd

A 14 mile sponsored walk will take place at 8.30a.m. on February 3rd, 1985, in aid of the Evelina Children's Hospital Appeal. The Dean will start the walkers off on their trek to Woolwich and back. The response from people both in and outside Guy's has been tremendous, and the Appeal would like to thank the many sponsors for their generosity. More details will follow in next month's edition.

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Dental Notes

by Mr. A. D. Robinson and Dr. S. J. Challacombe

The present cold spell of weather is no doubt responsible for the high percentage of failed, or late-cancelled, appointments by dental patients. This follows the Christmas period during which holiday days were punctuated by working days with very little activity in most departments.

On 6th and 7th December, the Dental Society ran its now familiar two day Seminar for final year students (many of whom were awaiting results of Part V), entitled "A Gateway to Practice", with a programme designed to guide them in their future careers.

The Dental Review, held in two performances in the ballroom of Boland House, followed much the same pattern as other years. That is to say it mainly consisted of teasing, often crudely, members of the staff for their real or imagined characteristics, but unfortunately one or two of these were in very bad taste. The standard of production was quite good; some of the items were very clever, notably the Medical History Song to the tune Cwm Rhondda and the Finale "Plaque the Herald Angels Sing". The item entitled "Smooth Operator" clearly demonstrated that the women amongst us have attributes additional to the purely academic. A couple of gags stick in the mind – pointing to a packet of fish fingers "Oh that's a fully dissected dogfish", and in reference to a certain lady "Oh, go and get into something long and flowing, the river Thames for instance".

It would not be unfair to comment that the show was direct and to the point, but one might say it lacked subtlety, particularly in the direct use of names.

The Annual Dental Dinner will be on Clinical Day, Saturday 2nd March, in Boland House. It is hoped that so many people will want to come that it can be transferred to a larger banqueting room next year.



Physiotherapy

The celebrations attending the 200th anniversary of the first publication of *The Times*, in the guise of the *Daily Universal Register*, have called forth a number of comments anent both a lack of misprints and of news about the coal strike, but no one seems to have drawn attention to a remarkable piece of unethical self-promotion by a certain Mr. Buzaglo.

Evidently a protophysiotherapist, contemptuous of the (medical) Faculty, disparaging of the balneotherapist and the thalassotherapist, he bids those, incurable though the Faculty may have pronounced them, deluded as they may be that the waters of Bath and Bristol have superior virtue – he bids them to have a go at a few simple exercises. True, he claims to have wrought his furprifing cures on perfons of the first distinction, but presumably if it's good for them, it ought to have been good for those of lesser or even of no distinction.

Be that as it may, the invitation was restricted to Ladies and Gentlemen who were, in the Strand, to meet and talk with Mr. Buzaglo's patients, mulling over their 165 furprifing cures and convincing themselves of the efficacy of his methods.

No fumigation, no bathing, no use of medicine (even chosen from an unrestricted range), but exercise alone produced these cures. Apply now, he recommends, before you are confined to your bed! Following his regime, you, who have foolishly expected relief from the waters these many years, may, within a few days, experience relief.

Interesting to note that this form of alternative medicine was on the go, and profitable enough to support four column-inches in a paper that cost twopence halfpenny in 1785.

But he seems to have chosen his ground well, does Mr. Buzaglo – gout, rheumatism, palsy, lameness, weakness of limbs, contractions of the sinews. It is not unreasonable to believe that exercise therapy would have been of "surprising efficacy" applied with sensitivity and at an appropriate stage to patients presenting with these problems.

What jumps up, though, to strike a present-day physiotherapist between the eyes, is the *déjà vu* familiarity of it all. Perhaps the man was a quack and his name was adopted because of its Mediterranean connotations, but he was demonstrably meeting a need and successfully at that. Our patients, sadly sometimes, find themselves the victims of our preconceptions and our specialisation. For you, perhaps, the waters of Bath are the answer. For you those of Bristol. For you, fumigation. For you, medicine. For me, exercise.

It is difficult for any of us to evaluate the whole gamut of possibilities available to relieve, let alone furprisingly cure, the ailments of our patients. The range today is infinitely broader, but intercommunication has become infinitely more practicable so probably the proportionate difficulty is not all that much greater now than it was two centuries ago. It would be comforting to believe that we did not have to write to *The Times* in order that people should know that we, like Mr. Buzaglo, have something to offer the arthritic and the paralysed.

Ronald J. Cooper

The Bore Report

Despite overwhelming popular demand, the Bore Report returns under new management. As usual, any semblance of truth is coincidental. All intelligence gratefully received.

As many an embarrassing slip, social and otherwise, is reported over the treacherous ice-covered walkways of Guy's, this issue marks the long-awaited retirement of my ailing elder brother, Eugene, whose steadily decreasing hepatic function has necessitated such a diminished attendance in H.Q., that he feels unable to maintain the high standard of insight, home-truth and confabulation to which you have become accustomed. However, from his hospital bed he has decreed that I, his younger, but only marginally less ailing, brother Cedric should be burdened with the colossal responsibility of keeping you, the Guy's masses, informed of what you really want to know. After mourning Euge's passing, readers should dab their eyes and read on, as the latest in a long line of sibs takes up the historic and splintered Bore quill to bring you the latest trivia and intrigue to rock the New City Court Annexe we still think of as Guy's.

Following last issue's heart-rending (heart?) appeal for sperm, a certain antipodean womb snatcher has had an exciting response. *South London Press* picked up the wrong end of the stick, and rang in asking about the relationship between medical students and Aids.

Some at Guy's may have heard of SMEC, that sheep in sheep's clothing, who

relentlessly bombard the student populace with questionnaires. In one survey, I am delighted to report that of those clinical students replying as to whether they have done the Bran Pusher's megafirm, 98 said "Yes", 47 said "No" and 2 "Don't Know". A cynic, and that Cedric is not, might ask why the results of the survey, showing widespread dissatisfaction with surgical teaching, were suppressed for so long. We should be told.

Overheard in H.Q. –

Q. "Do you know her surname, Tony?"

A. "I have enough difficulty with their first names!"

Who is this rake? Answers on a postcard c/o *The Gazette*.

Cup fever strikes Guy's with members of the 1st XV seen undergoing daily training at unearthly hours of the day and night. Indeed such is the competition for some places that the Captain's own fitness is threatened by the regular attempts at ingratiating, by members on the fringe, consisting mainly of alcoholic liquid bribes. I, however, am confident he will not sway (until the sixth pint).

Guy's AFC 2nd XI now boasts a pneumothorax club. Anyone interested in joining should contact Gavin Stokes, preferably with presenting X-ray film.



"This month's competition; which one of these consultants does not hold FRCS." The lucky winner qualifies for free karyotyping.

Late-night gambling is becoming a disturbingly regular feature in the lives of certain H.Q. regulars. In fact a recent session saw Frankie heading for Harrods in time for the sales. Some said that Graeme was unlucky – an inverted six being very confusing to the bearer of two nines after a night of liquid research (especially when his opponent holds the other three).

I understand that prop-forwards have not been in great demand as escorts to the Dental Ball. Indeed, one popular member of this species well-known for his charm, found that not even an offer to finance the whole evening was enough to tease his prey into submission. He does, however, have a chance to redeem himself if a certain rare piece of St. Thomas' architecture makes a belated appearance at H.O.P. on the 29th.

Overheard in H.Q. – "I'd given him so many injections he didn't feel when I drilled through his tooth and into his gum." Still, at least she passed her finals.

In the Great Gonzo's latest "News Sheet" an illegible organ (despite being typed) offered at irregular intervals, he asks for talented artists, to produce posters, who are interested in "cash remuneration". Is this a conspiracy to produce forged tenners?

Congratulations to the new President, who won in spite of Gonzo's "Fact Sheet", issued without her sanction. As the elections themselves have taken place prior to publication, I feel I am able to relate the rumour that one candidate only agreed to stand on the understanding that one of his compatriots would also stand for office in another capacity. Is this the way we want our union to be run? – of course it is!

Yawn! Blush! Disgust! The BMS Revue at Christmas broke all existing records for a tasteless show at Guy's, and brought us some Anglo-Saxon monosyllables in an abundance previously unknown in the Ballroom. Each year the revue becomes more degenerate, with the students feeling they must "cap" the last one. They certainly succeeded this time. It seems unlikely that any teaching staff will attend next year – and who can blame them?

That infamous bunch of self-indulgent crawlers, the Netty and Northern had another gathering recently. I understand, but do not believe, that a new member climbed on to the table, unsolicited, and performed a rugby club special. 6' 4" immunologist sought by police.

Yet another SMEC issue: should we keep the term "gauleiter"? Suggestions that the term should be replaced with "obergruppenführer" have been dismissed as "unhelpful".

Shock! Horror! Probe! At a recent hop advertised as a "Video Disco", party revellers were astonished to witness, after a delay of two hours, a somewhat fruity offering on an enormous screen. Walt Disney will have turned in his cryosarcophagus – Mowgli was never like that!

Advertised in Boland House: "Skeleton for sale – one previous owner".

Traditionally this column always bitches at the bar. Recently, the place has opened so late, if at all, that one is hard-pressed to spend enough time there to form an opinion. When bar staff fail to materialise because they have decided to go out instead, without finding a substitute, one really wonders what is going on. One

night, to be fair, the bar was closed due to a "sewer leak", although how this was distinguished from a spillage of Courage Best remains a mystery.

Presumably having the bar open 7.00 to 10.00 p.m. on a 1 in 3 basis is the latest way of minimising bar losses (see *Correspondence* – Ed.).

And wasn't it a surprise that the Bar was mysteriously shut on the night of the Dental Finals results? I smell a rat; or was it the Powers That Be who were more concerned as to the effects of rodent activity on that particular occasion?

Q. Which pint has gone up by 16p in 3 months? If you can't remember, you've probably been drinking it.

P.S. I am thinking of introducing 'Bar Personality of the Month' for deeds beyond the call of duty. Nominations will be carefully considered.

Cedric Bore

Book Reviews

"From Woman to Woman" by Lucienne Lanson. A Gynaecologist answers questions about you and your body. Edn. Pp. 442. Price £3.50. Published by Penguin.

The book consists of 7 parts from: the workings of the inner woman, through the unpredictability of woman and the perogatives of being a woman, to what's in store for tomorrow's woman. Each part consists of a few chapters with rather "clever" titles like "Odor is a four-letter word" and "The Thorn Inside – Endometriosis". It is a very American book and reflects North American Practice; for example, a whole chapter is devoted to the breast.

The text is in the form of questions and answers, few of which I've ever been asked, but if all patients read the book, I daresay I'd rarely have to open my mouth. The whole subject is covered and the book could benefit all women – doctors included!

M. H. THOM

Consultant

Department of Obstetrics and Gynaecology

"Bailliere's Ward Information" by Douglas Middleton. 14th Edition. Pp. 213. Price £1.75. Cover: Soft. Published by Bailliere Tindall.

The 14th edition of this pocket guide to ward information could be used as a quick reference or "*aide mémoire*" whilst actually on duty, for it contains a wealth of information. It could also be used as a companion to larger and more comprehensive nursing texts.

The book is composed of 24 chapters which include such diverse topics as professional nursing, ward emergencies and related procedures, treatment of poisoning, oxygen therapy and chemotherapeutic and antibiotic agents.

The information is concise, accurate and up-to-date, most of which is fundamental to the theory and practice of nursing.

I am happy to continue to recommend this little book to all learners in training.

N. THISTLETON

Senior Nurse Tutor

"The Country Way of Cures and Remedies", by Robin Page. Pp. 86. Price £1.95. Cover: Soft. Published by Penguin.

This attractively presented little book is a collection of quite amusing country remedies. They are used for a hotch-potch of conditions ranging, in alphabetical order, from Adder Bites to Wounds. As examples take "*Body Odour*. Parsley is a good natural deodorant and can even overcome the smell of onions and garlic. It is also good for many other conditions and ailments, and as a source of nourishment many early physicians considered it to be indispensable;" or "*Breasts*. Women who suffer from 'hard breasts' after childbirth should apply mashed roasted turnips twice a day. Those who have ulcerating breasts can try goose dung mixed with Celandines; it is claimed that such a mixture cleanses and heals".

We read in the Preface that the author was sacked from the Civil Service in 1969 by Richard Crossman and perhaps this raises our expectations too high. The book is more likely to appeal to the lay public rather than the most empirical minded medical reader.

G. W. SCOTT
Consultant Physician
Keats House

"Aspects of Occupational Health" edited by W. M. Dixon and Susan M. G. Price. Price: £5.95. Pp. 276. Cover: Soft. Publisher: Faber & Faber.

This is a book intended for nurses and doctors who are interested in Occupational Health, rather than those already experienced and working in this field.

The approach is nurse orientated, with a wide coverage of subjects written by doctors and nurses, including a welcome chapter on Occupational Health in the N.H.S. — albeit a personal view.

The book makes easy reading. Particularly useful and enjoyable to read were those chapters dealing with metals, chemicals, food and mental health.

There is acknowledgment that the nurse is able to approach many subjects with a broader outlook and to operate and interpret fully all aspects of work considered in Occupational Health.

Some repetition of material is noted in chapters 1 and 2 and in the chapters on dusts and chemicals; also inaccuracies in references and book titles.

There is always the problem of including current approaches and legislation due to the time factor between writing and publishing.

Nevertheless, the price is reasonable and the book gives a concise overall picture of Occupational Health with good work references and bibliography.

CATHERINE VAREY
Senior Nursing Officer
Occupational Health

"An Introduction to Community Medicine" by Florey et al. 1st Edition. Pp. 134. Price £3.95. Cover: Soft. Published by Churchill Livingstone.

This book by a team of authors from the Department of Community Medicine or what must now be called UMDS (St. Thomas' Campus) follows fairly closely the traditional line of a text book of epidemiology. Thus, it begins by stressing the difference between health information about groups or populations from that concerned with individuals. It reviews the data which is collected routinely and considers the main ways of conducting special studies and which of such studies are best suited to give prevalence rates and incidence rates. The authors discuss how epidemiological techniques can contribute to the assessment of such health problems as primary prevention, screening and therapy as well as the limitations of such assessments in terms of efficiency of therapeutic regimes and effectiveness of outcome and cost. However, it deals only superficially with the way that which epidemiological techniques can contribute to planning and evaluation of health services. The authors say in their preface that "the book is designed to be read from the beginning", but even when this novel approach was adopted it was not always easy for this reviewer to follow the sequence of arguments without drawing on pre-existing knowledge of the field. Accordingly it is perhaps less suited for introductory reading than the work by Barker and Rose which covers similar ground.

J. A. D. ANDERSON
Professor,
Dept. of Community Medicine

"You and Your Body", by David Keable-Elliott 1st Edition Pp. 186. Price £1.95. Cover: Soft. Published by Arrow Publications.

The author is a General Practitioner, a Guy's graduate, who has a keen interest in health education. The book is written for youngsters over the age of ten. It contains eight chapters all of which are subdivided alphabetically into separate sections. The first concerns "General Health" – namely common symptoms and illnesses. The remaining chapters all deal with medical matters which are important in a young person's life – and include Skin Problems; Diet, food and growth; Drugs and Medicine; Personality, relationship and mental health; Sex; Serious illnesses; and Health Services. Dr. Keable-Elliott has the ability to communicate with the young in a manner that is reassuring and yet not condescending. Facts are presented with extreme clarity and simplicity and when advice is given it is full of common sense. He is particularly good, and writes with much sensitivity, in the section on Sex, which is naturally of great interest to the young. The book can be thoroughly recommended for its intended readers. It is illustrated with simple but revealing line drawings.

G. W. SCOTT
Consultant Physician
Keats House

"Multiple choice questions in Neurology" by D. Bates and N. E. F. Cartledge. 1st Edition. Pp. 180. Cover: Soft. Published by Pitman.

It was humiliating to discover that a consultant post in a London teaching hospital did not qualify the reviewer to score 100% in these questions set by two Newcastle consultants. It is difficult to avoid ambiguous questions. We all know that diazepam is used for treating status epilepticus, but I could not have said that it was useful for *preventing* seizures as the authors would have us believe. An hour or two of this book before the final medicine MB or MRCP MCQ examinations would be harrowing, but useful.

R. A. C. HUGHES
Consultant
Dept. of Neurology

"Scott: An Aid to Clinical Surgery" Edited by H. A. F. Audley and B. P. Waxmann. 3rd Edition Pp. 306, Price £4.95. Cover: Soft. Published by Churchill Livingstone.

This is the third edition of what I think is a very useful and easily read textbook for undergraduate students. It almost certainly contains more than is required to pass the final examinations in Surgery. The book is laid out in easily readable form and has a good index. There are suggestions for further reading at the end, and it is interesting to see a popular competitor mentioned among this list. In a book of this kind specific references would be inappropriate. The text is illustrated from time to time by good line drawings and there are some very good plans of management for clinical situations, for example, that on management of thyroid cancer detailed on page 120. It is also good to see that specific topics are dealt with, in addition to evaluations made on an organ by organ basis. For example, there is a chapter on peptic ulcer separate from that on the stomach, and one on specific infections which is separate from that on infections of specific sites.

I would thoroughly recommend this book as an exciting and informative introduction to surgery for clinical students and at £4.95 it must be about the best bargain on offer at the moment.

MARTIN JOURDAN
Senior Lecturer
Dept. of Surgery

"Taverner's Physiology" by Deryck Taverner. 4th Edn. Pp. 238. Price: £3.95. Cover: Soft. Published by Hodder and Stoughton.

This book has been written to provide a concise, elemental account of the functioning of the human individual with reference to clinical significance.

The chapters are short and clear and information easy to ascertain, each containing a helpful summary of content. The diagrams are all in black and white and clearly drawn.

The scope of the Modern Nursing Series has increased considerably in recent years and I consider that a number of practising professionals could use this book as a convenient starting point.

N. THISTLETON
Senior Nurse Tutor

"Multiple Choice Questions in Radiology", by David A. Stinger 1st Edition. Pp. 152. Price £5.95. Cover: Soft.

This is an excellent collection of multiple choice questions aimed at the Final Fellowship examinations in Radiology (F.R.C.R.)

The book contains helpful hints on passing M.C.Q.s, a series of papers with answers and a short bibliography. The format and type of questions are identical to those found in F.R.C.R. and cover the entire range of radiology including nuclear medicine, ultrasound and computerised tomography.

As in any selection of M.C.Q.s there is bound to be some disagreement over the answers and there is no discussion in the book about contentious points. Nevertheless this is an invaluable book for last-minute revision and practice for the exam and the format allows one to assess whether it is better to guess or leave blank, questions one is not sure of (the former is recommended).

I think every prospective candidate should purchase and use this book prior to the exam, and as it is a paperback it is easily affordable by all.

Dr. RANKIN
Consultant

Department of Radiology

"Aids to Clinical Pharmacology and Therapeutics" by Howard Rogers and Roy Spector. 1st Edn. Pp. 392. Price £7.95. Cover: Soft. Published by Churchill Livingstone.

A book for students and unashamedly intended as a revision aid and crammer. Aids to Clinical Pharmacology and Therapeutics, like other books in the series, presents its information in an abbreviated form as lists, tables and charts. It is the "grown-up" version of Aids to Pharmacology by the same authors, being almost twice the size, and intended for clinical rather than preclinical students. The danger with all such books is that they become a glossary of terms or a vocabulary of drug names, without any real indication of what might be suitable therapy on the basis of efficacy and toxicity, in other words simply another formulary. The authors for the most part have avoided this trap, but without actually indicating a drug of choice. The reader is left to select his or her own preference on the basis of the information presented. This approach takes account of differences in

emphasis which may exist between Medical Schools, and if the student takes the authors' advice of using a pen to highlight the drugs of importance it should provide them with a very useful handbook.

The coverage of the book is comprehensive, and like the Textbook of Clinical Pharmacology by the same authors, devotes a large section to the general aspects of drug action such as pharmacokinetics, pharmacogenetics, prescribing in the old and the young, interactions and so on. It is to be hoped that students will not regard this as so much academic pharmacology to be learned to satisfy the examiners, but that it will help them to tailor their prescribing to the individual requirements of each patient.

I have one major criticism of the book, namely that it is extremely difficult to find your way around. The layout is overly compressed (presumably to keep the price down), the printing emphasis of the headings does not reflect their relative importance in the classification, and worst of all there is no index. Even a page at the beginning of each chapter to show the sub-divisions of the topic would have helped, but the only reference system within the whole book is a list of contents showing just 22 topics and page numbers. What a pity, in what is otherwise an excellent student text.

BRYAN ROBINSON
Senior Lecturer
Department of Pharmacology

"A Pocket Obstetrics" and "A Pocket Gynaecology" by Sir Stanley Clayton and Professor John R. Newton 10th Edn. Pp. 187 & 172. Price: £4.25. Cover: Soft. Published by Churchill Livingstone.

These are two superb books that are a perfect introduction to the language of obstetrics and gynaecology that appears so confusing after the first clinical year of medicine and surgery. If both were read the weekend before the start of the firm, the student would find life a lot easier and undoubtedly impress his teachers.

The books are readable with a text that is not just list after list of unmemorable facts. Those of us who are lucky enough to have been taught by the two authors can actually hear them talking throughout the books - and we passed our exams!

M. H. THOM
Consultant
Department of Obstetrics and Gynaecology

A. C. P. Sims and W. I. Hume (Eds) (1984)
"Lecture Notes on Behavioural Sciences"
(Blackwell) 1st Edn. Pp 181. Price £6.50.
Cover: Soft.

This book sets out "to give basic information about the relevant disciplines (of psychology and sociology) and to demonstrate how this is related to clinical practice." It is a relatively slim volume, yet it contains twenty-nine chapters on a range of topics and so each chapter is pretty restricted in its contents. The quality of the individual chapters is rather patchy as might be expected with eleven contributing authors. The best ones are well-organised and informative introductions to particular subject areas, but the poorer ones tend to be rather badly structured, sloppy and often rather dated in their contents. While a lecture notes format has undeniable appeal to students, nothing is dealt with in any depth to satisfy the more curious reader. Indeed many important issues tend to be glossed over or just not covered. Suggestions for further reading are given, but I found it rather pointless to include names of research workers without providing references.

I must confess that I do have some unease about the lecture notes format for textbooks. If students take reasonable notes from lectures or, if handouts are given, why should the student be expected to shell out money for a book that supplies little or no further information? However this is probably a lecturer's view and I imagine that many students will welcome this book as a comprehensive and readable basic introduction to the Behavioural Sciences. If the quality of some of the chapters could be improved to the level of the better ones, perhaps by reducing the number of contributors, then it would have much to commend it.

Dr. JOHN WEINMAN
Senior Lecturer in Psychology

"Fundamentals of Neuropsychopharmacology" by Robert S. Feldman and Linda F. Quenzer 18th Edn. Pp. 508. Cover: H. Published by: **Sinauer Associates, Inc., Sunderland, Massachusetts.**

With increasing specialisation in medicine, undergraduate books are being written which deal with relatively small parts of the course. *Fundamentals of Neuropsychopharmacology* was written for students of behavioural sciences and is said to deal with the actions and uses of psychotropic drugs.

In fact the text covers a broader field of pharmacology. About two-thirds of the book (the first 314 pages) is concerned with general pharmacology, neural structure and physiology and the biology of neurotransmitters. The remaining space includes sections on opioids, drug dependence and a glossary of terms in neuropharmacology in addition to two chapters on anxiety and schizophrenia.

This is an interesting and clearly written book. The main theme is how studies on neurotransmitters may indicate the mechanisms of mental illness and how drugs may influence these processes. The lines of argument are easy to follow and many of the important references (up to the late 1970s) are included. Of necessity, conflicting evidence is not always presented – for instance, there is a bold statement that "schizophrenia ... seems to be related to an abnormal sensitivity to or a surfeit or dopamine in the forebrain" – with the support of a single reference. There also is no mention of the distinction between D₁ and D₂ receptors and their importance in schizophrenia. But to cover more detail in discussions of scientific theory would have required a great expansion of the text.

There is no practical detail in the descriptions of the uses of psychotropic drugs. In fact there is almost no therapeutics at all.

The book is an excellent overview of basic psychopharmacology and provides a sound introduction to the subject. I am not sure which particular degree course in this country would require such a book as a principal text, but it certainly will be very useful for those of us who often need rapid access to key references in this subject.

ROY SPECTOR
Professor of Applied Pharmacology

"Pocket Examiner in General Practice" by Anthony Reed.

1st Edition. Pp. 167. Cover: Soft.
Published by Pitman

I am a general practitioner in the second year of practice and have recently taken the M.R.C.G.P. exam. My trainer was an examiner for the M.R.C.G.P. and so I feel that I am in a good position to judge the usefulness of the *Pocket Examiner in General Practice* by Anthony Reed.

I liked the book's size, shape and format. It could be useful for G.P. trainees who wish to

prepare for the exam, since some people require a question and answer type of book to stimulate them sufficiently.

It would have been more useful with a longer introduction to bring out the points that the examiners in the M.R.C.G.P. are looking for in their candidates, and some discussion of the skills in exam technique. I wondered how relevant a good third of the medical questions were to the actual M.R.C.G.P. exam.

On the whole, I would not recommend this as a book for G.P. trainees. Other books on the M.R.C.G.P. are more thorough and cover the exam more fully.

NIGEL MASTERS
General Practitioner

"Medical Statistics Made Easy" by F. Broughton Pipkin

1st Edition. Pp. 138. Price: £4.95. Cover: Soft. Published by Churchill Livingstone.

This book includes measures of location and spread, normal and binomial distributions, various non-parametric significance tests (χ^2 goodness of fit and contingency tables, Wilcoxon's tests for paired and unpaired data), parametric tests including t-tests for paired and unpaired data, F tests, an introduction to analysis of variance, regression and correlation.

Each chapter has a good summary of the points made and the authoress in her preface requests 'Please do not attempt to use only these summaries without first reading the book, which tries to explain *why* you do *what* you do'. While agreeing wholeheartedly with this principle unfortunately she often fails to explain and in many places it is a "cookbook" which may mislead. It results in data, which were clearly paired being analysed by a large sample test for two independent means and a 2×2 χ^2 contingency table having two cells ignored and the wrong expected values for the remaining two. Null hypotheses are usually vague and hence, or otherwise, incorrect; thus the relationship between a formula for a particular significance test and the hypothesis being tested is unclear. The notation is confusing in places and in particular when trying to explain standard error leads to $s_m = s_m/\sqrt{m}$! The definition of p is incorrect almost throughout and the interpretation of confidence intervals often incorrect. The

section on screening is good as is the chapter on pitfalls for the unwary and the many medical examples.

Unfortunately overall I do not recommend its use by students or doctors.

Mrs. E. R. BROWN
Lecturer
Dept. of Statistics

"Postnatal Exercises" by Barbara Whiteford and Margie Polden.

1st Edition. pp. 128. Price £4.95 Cover: Soft. Published by Century Publishing Co. Ltd.

This paper-back is a long awaited text providing the reader with the anatomical basis upon which to build and develop as "muscles are put through their paces" in order to restore tone and shape to the human form i.e. that the 46in. waist can be whittled down to its original 26in. (or less), that the common problems of the puerperium be faced as a challenge, an obstacle to be overcome with the "laughter" that might otherwise have caused the embarrassment as to so many who suffer from stress incontinence.

The text has been clearly set out with detailed photographs and illustrations providing clarity of approach for both the initiated and uninitiated in the terminology and performance of exercise therapy.

Following many years of experience, the authors have been able to present the essentials of an all-important aspect of post-natal management with the empathy and intuition that will encourage both the mother and the teacher to "look forward" and grasp the "wonderful sense of well-being" so deserved by all concerned.

In all a very useful little book, reasonable at the price and recommended for every Physiotherapy Library shelf.

Miss J. A. JONES
Assistant Principal
Dept. of Obstetric Physiotherapy

"Primer of Dermatology" by A. F. Hood, T. H. Kwan, D. C. Brown, M. C. Mihm.

1st Edition, Pp 378. Price \$42.50. Cover: Soft.

Published by Little Brown and Co.

In reviewing this text, I am mindful of the fact that the readership of this journal comprises mostly undergraduate students of medicine. It would be an exaggeration to imply that a book devoted to dermato-

pathology is desirable reading at undergraduate level. Moreover the format is such that the reader is expected to have available, histopathological sections of skin disease and to refer to the book according to the features encountered down the microscope. These circumstances would never prevail for medical students and consequently this book might thus be considered to be doubly unsuitable.

It is doubtful even if the approach is tenable for trainee dermatologists who are expected to have reasonable knowledge of dermatopathology. I cannot help feeling that most people would be more comfortable learning their histology based on disease classification.

Despite these apparently bleak comments the volume is generously and clearly illustrated and the fairly brief list-like information detailed on each page is not too daunting. In this respect the book is likely to be useful to those already reasonably conversant with dermatopathology who may seek an occasional reminder of the disorders which produce the various characteristic histological changes found in skin disease.

D. M. MACDONALD
Consultant
Dept. of Dermatology

"Multiple Choice Questions in Human Physiology" by Ian Roddie and William Wallace.
3rd Edition. Pp. 423. Price £11.50. Cover: Soft. Published by Lloyd Luke.

The first edition of this book in 1971 was one of the first collections of multiple choice questions in physiology to be published. The production of the third edition demonstrates the popularity it has obtained with both undergraduate and postgraduate students. This is a tribute to both authors who are experienced teachers and examiners at undergraduate level and for primary FRCS both at home and abroad.

The book presents between fifty and eighty questions on each body system with the questions being divided into basic and applied sections. The former are more appropriate for BMS students; the latter for those studying for primary FRCS and part I of the MRCP. The book concludes with questions of a more general nature which not only cross the system boundaries but

also link with other related sciences including genetics and pharmacology.

The questions are printed on the left hand pages only with the answers and their explanations on the right hand page. The student may thus test himself by covering the answers and attempting the questions blind. An interesting feature of the book is a number of questions which present graphical or numerical data and require the reader to calculate or deduce. Although answering MCQ's is no substitute for reading a good textbook many students will appreciate this facility for self testing.

Dr. F. J. IMMS
Senior Lecturer
Dept. of Physiology

"The Riddle of Autism" by George Victor.
1st Edition. Pp. 335. Price £26.00. Cover: Hard. Published by Gower.

A great deal of work and experience has gone into the writing of this book. In spite of this, the end result is unfortunately far from satisfactory. This may be because the author is American and he presumably draws on American views of autism which are clearly very different from those held generally in this country; for example, he claims that most cases of autism are later diagnosed as suffering from schizophrenia. This would certainly not be the case here where follow-up and genetic studies make it clear that the two conditions are entirely separate.

The underlying theme of the book is that autism is due to disturbed bonding and attachment to the mother during early infancy. The majority of research shows that if there is any problem with attachment, then it is likely to be secondary to the autism rather than a primary cause. The bulk of evidence suggests that autism is primarily a language disorder and this aspect of autism is hardly mentioned.

The book could only be recommended to those who are aware of the extensive research on autism as it makes interesting reading and the views are expressed in a coherent if somewhat anecdotal manner. However, for those with limited experience of autism the book is likely to be misleading and confusing.

J. B. PEARCE
Consultant
Dept. of Child and Adolescent Psychiatry

Bar Losses

Dear Sir,

Why refer to the unacceptable bar losses in meaningless platitudes as "the staff not having the highest standards of professionalism"?

Is it suggested that they serve doubles in mistake for singles, pints instead of halves or are unable to add? Why not call it plain old-fashioned stealing.

In the past, we used to stock-take every Sunday, and the bar always made a handsome profit for the Clubs' Union. If there had ever been any shortfall, it would have been deducted from the head barman's wages, who also happened to be the head porter. This situation never arose.

Yours faithfully,
EDWARD CHATER
100 College Road
Dulwich
SE21

AID: Moral Issues

Dear Sir,

re AID article by Mr. Michael Chapman in November 1984 Gazette.

Mr. Chapman writes that AID (Artificial Insemination by Donor) brings "happiness and fulfilment to . . . parents", that AID is "good medicine. It relieves suffering, cures a problem, and results, when successful, in the birth of a wanted infant." Even if AID does fulfil Mr. Chapman's criteria for good medicine does that make it right? To take an extreme example, euthanasia "relieves suffering" and "cures a problem". Does that

make it right? This is of course to exaggerate my case.

I have three objections to AID. The first is a psychological one. Mr. Chapman writes "one father rang me to say how pleased he had been when his own mother commented on the likeness of his 10 week old son. This is something adoption could never produce." To emphasise this advantage of AID over adoption firstly presupposes that adoption can never produce a reasonable likeness. Secondly, far from AID providing "the relief of anguish and suffering that couples suffer from their perceived failure to reproduce" surely the male can be made to feel even more useless with AID. It will not cure his feeling of frustration. AID may even enhance his feeling of failure when contrasted with his wife's fertility. In this respect, adoption offers a possible advantage in that neither parent feels so left out with regard to their child.

Although the question of adoption raises many other issues, it is both unfortunate and unnecessary that our society and the medical profession provide insufficient children for adoption. We spend vast amounts of money on "therapeutic abortion", and now will probably be using AID when adoption would still be acceptable to many infertile couples.

My second objection concerns the issue of records kept by the medical profession. Mr. Chapman writes "the selection process is always careful and thoughtful. . . . All reputable units will limit the use of a donor to 10 successful inseminations." A study published in 1979 by M. Curie-Cohen and co-workers in America analysed 379 practitioners of AID and approximately 3,500 resulting births. Among the results were that 37% of doctors kept records of children and only 30% on donors and the multiple use of donors.

The emphasis of many AID procedures is to protect the interests of donors rather than children. The lack of permanent records on donors means that AID children can never determine the identity of their genetic father. In view of the desire of adopted children to learn the identity of their "biological" parents, a similar desire may one day characterise the majority of AID children (for surely they will find out how they were conceived).

The lack of records on donors also means that if a donor is responsible for any genetic defect in future children, there is no way of detecting the responsible donor. Furthermore, mercenary motives on the part of paid donors may entice such men to donate at many clinics.

My third objection to AID is a moral one. Mr. Chapman writes: "For the individual infertile couple, the morality of AID is an easy question. They may find the notion of a child without both parents' genes as unacceptable. The male occasionally is upset by the idea of another male's semen and the resulting pregnancy being inside his wife." My belief is that AID involves a radical separation of, on the one hand, the biological and, on the other, the personal aspects of the marriage relationship. AID highlights the reproductive or biological aspect to such an extent, that in order to fulfil it in the case of one of the partners, the sperm of someone from outside the marriage relationship is used. It is at this point that AID is so different from AIH (Artificial Insemination by Husband). In AIH there is no such separation between the reproductive-biological aspect and the personal-sexual aspect of marriage.

It is therefore difficult to avoid the conclusion that AID is adulterous. This denotes the breaking of the marriage bond. The word used to describe marriage, in a biblical sense, indicates firstly that husband and wife are joined or "cemented" together. Secondly, that they "know" each other in a profound sense. This knowledge entails the deep emotional and spiritual relationship between the couple, the physical side of which is signified by sexual intercourse.

Just as the biological-reproductive side of marriage forms a unity with the personal-sexual side, so too in the begetting of children itself. The unity in this case is that of the process of conception and the subsequent stages of fetal development.

Just as AIH poses no threat to the integrity of marriage, so adoption poses no threat to

the integrity of that same marriage bond. This is because adoption does not involve the begetting of children by the infertile couple. AID on the other hand constitutes a major attack on the unity of marriage. To disrupt it, as AID must perforce do, is regrettably an example of "man putting asunder what God has joined together."

I am yours faithfully,

DOMINIC BEER
Boland House
Guy's Hospital
SE1

Student Grants

Dear Sir,

Reading last month's *Passim* on student grants, I have some sympathy with students in straitened circumstances, but none at all with their middle income parents who appear unwilling to contribute towards their children's higher education. I am sure these parents will continue to take their expensive holidays in Mediterranean and Middle East resorts, probably paid for by their proportion of the university grant which they are failing to produce. Before the war, in the absence of Government handouts for this, that and everything else, it was not uncommon for middle class parents to make considerable sacrifices to forward their children's higher education; this would be an ongoing situation, in that the children in their turn would help out the next generation, and so on. The students can still ease the situation with vacation jobs; while unemployment is at catastrophic levels there is plenty of scope if the young ladies and gentlemen are not fussy as to what they will do. I remember my son portering at the supermarket and plucking and trussing at the poultry farm, and my younger daughter charring for the local ladies. Do our £13,000 a year parents think that the world owes their sons a living? It doesn't.

Yours faithfully,
E. C. HAMMOND
18 Greenhurst Lane
Oxted
Surrey

Introduction

This, being the first issue in the New Year I think it appropriate to recap on the pre-Christmas activities of the major Guy's clubs.

This issue will have been published by the time the Hospitals Cup Rugby v. St. Thomas's has occurred. If the 1st XV have been successful then it sees us in a UH Rugby Semi-Final for the first time in a number of years with the possibility of a money spinning Rosslyn Park fixture v. St. Mary's in the offing. Make sure that you give the team multitudinous support.

The football club has had one of its most successful pre-Christmas periods ever. The 1st XI are unbeaten and top of their league, whilst the 2nds are riding high in their league and gracing the semi-finals of two cups. Support would again be welcome on these occasions.

One of last season's most successful clubs, the Cricket Club, are in frenzied preparation for the new season with nets occurring every week at Lords Indoor School. Make sure that, if you are interested, as many were at the Freshers' Fair, you get in contact with this year's captain Tom Brink.

Some clubs who submitted copy for this edition may have noticed its exclusion. I suggest that some writers assume a rather more succinct literary style in the future, as page space is always at a premium.

CFEP

GUY'S HOSPITAL RUGBY FOOTBALL CLUB

Askeans vs Guy's Hospital 1st XV Lost 26-6

Dear Rugby Fans,

The season thus far has seen little cause for celebration, and the game against Askeans was no exception. The team reached a low point on this Saturday, but I'm sure it will rise to those giddy heights of victory soon.

There were few points of interest to report from this match. The backs had lost their flamboyant and penetrating style that endeared us so much last season. The forwards struggled for continuity in their play, though admittedly some blame must be attributed to some peculiar decisions by the referee.

The final score was Askeans 26 - Guy's 6. The points for the Hospital were brilliantly converted by Dai Maggs and Allan Jones - two of our older compatriots.

Inky Neal, the Guy's prop forward, was disheartened after the match when he heard that his ears were not resilient enough to be used for taking an impression of the opposing hooker's teeth.

However, needless to say Jamie Leigh is still entertaining his beard - come on chaps we need a win!

Team: Parry, Richardson, Neal, O'Connell, Conche, Meharg, Dooley, King, Docker, Poole, Hayley, Leigh, Jones, Maggs, Evans.

Depressed Boy Racer

City University vs Guy's Hospital Lost 24-10

The continuing saga of the AXV Team; Episode XX

In S.W. London on a wind-swept Wednesday afternoon our intrepid heroes arrived at Colliers Wood - the back end of nowhere (near St. George's). This was a scratch side which included 5 freshers and with a rare appearance by Paul Chew the young lads knew the full meaning of a scratch team. Afterwards 'Pretty Boy' Beardmore was once again followed by hundreds of screaming school girls to the match. Pat Davis, our 2nd row, thought all the fuss was for him and thus inspired played like a demon. He was subsequently awarded the 'man of the match' award and, as is traditional this season, was presented with 8 straight gins. The common result after such an award has been con-

sumed by the recipient is team entertainment for the evening. Pat dutifully obliged.

The lack of familiarity in the Guy's side led to a slow start on which the City University capitalised. They sped to a 16 point lead before our captain, Docker initiated a late recovery towards half time.

In the 2nd half the pack was more coherent and won good line out and scrummage ball; particularly Pat Davis in the line out. Docker scored a try after some strong running by Dinwoodie and Davies on the right wing.

However, another characteristic lapse in concentration by Guy's saw the City University increase their lead to 24 points. Late into the game Davies sprinted clear of the defence to score a consolation try. Staker converted.

The initial poor play and general lethargy displayed by Guy's led to our ultimate downfall. The AXV is potentially a very good side. With training, and the motivation of players such as Scanlon and Hackett they are an exciting prospect to look forward to writing about.

The Mincer

Nottingham vs Guy's Hospital Lost 59-0

Well folks the match that provided a certain well known tabloid with material to rave about the excellence and strength of midland Rugby was not what it was made out to be. Guy's were certainly 'Groggy' after the Snowflake Ball but they were also far from the side that played last year. Only 5 players were present from that side, 2 of which played in unfamiliar positions. The pack was severely depleted and the backs re-arranged – but they still held firm. However, this did not detract from the far superior forward play shown by Nottingham. It was a sad case of men versus boys. This was highlighted by the fact that Nottingham No. 8 grabbed himself 5 tries! – this still brings a tear to my eye!!

Docker, who has been given precious little protection this year, was easy meat for our opponents back row and after several vicious incidents he retired with concussion – Love was his replacement. Throwing in at the line out was erratic and inaccurate which gave little chance of the game being anything else but one way traffic. The scrummage was little better but

the ball was hooked by Guy's – where it ended up was another thing.

Mike Reece calculated that if Nottingham had continued scoring at the same rate they had in the first 10 mins the final score would have been 127 to nil. So some solace can be taken that it was only 59 – nil.

Team: Seare, Dixon, Slater, Jameson, Conchie, Chew, Meharg, Smith, Docker, (Love), Dinwoodie, Reece, Hackett, Haley, Davies, O'Brien.

The Mincer

Guy's 1st XV vs Osterly Won 32-13

After losing the game against Cinderford Guy's skipper sustained a broken finger and will now not play until after Christmas. However, he has busied himself behind the scenes plotting the downfall of our opponents in weeks to come. The match against Havant was his first experiment and although initially successful – winning the first half – Guy's succumbed to late pressure from the home side who won by 18-9. Having learnt from his mistakes 'skips' produced his *coup de maitre* for the home game against Osterly. On an unusually warm sunny November Saturday afternoon Jamie confided his plan to the team.

Guy's began very shakily and conceded some penalties, which Osterly gratefully accepted. Acting Skipper, Martin King, immediately called for a team conference and recited a typical monologue which had most of the pack verging on G.B.H. by its end. Jamie's plan was modified and from the restart Guy's won the ball and used all the backs in a move which ended in Hackett chipping the ball over the on-coming defence to score. Guy's had weathered the early storm and began to benefit from the dominance the forwards were showing in the loose play. Thomason dived over to score after some strong running in the backs. Jones added another try just before half time when he broke through near to the posts, Hackett converted to make the score 14-9.

For the early part of the second half Osterly defended well but Guy's would not be denied this long awaited victory and the Hospital side began to frolic in the pleasant late afternoon sun. Hackett converted 2 more penalties and as our opponents grew tired the vivacious Reece was able to score under the posts after Docker had delivered a crunching tackle to their full back, to make the ball available. Our supporters exhilarated by this display urged Guy's on and were cock a hoop when Reece rewarded them with another try a few minutes later, after some fine driving runs from Meharg, King and O'Connel. Hackett converted the 2 tries.

The side showed, in parts, the coherence of last season and this bodes well for the future. Guy's had vanquished their opponents for the first time at HOP this season and in the changing room Jamie Leigh sat with a contented smirk on his face and twinkle in his eye – he was drunk again!

Team: Popplewell, Dickson, Parry, Thomason, O'Connel, Meharg, King, Smith, Docker, Riedy, Jones, Haley, McKenzie, Reece, Hackett.

On the domestic front more connubial congratulations go to Mike Reece and Janet Dean, Mark O'Connel and Steph Atkins, Kim Conchie and Sara Martin, and last but not least to Dickson and Elaine Burke. The Rugby Club wishes them well. I can only hope this winter rush to the altar is not catching. An epidemic could prove disastrous to the success of the First XV this season!

Julian Mince

2nd XV Rugby

At long last the 2nd XV rugby report arrives! We shall ignore the first four matches because we lost them all and didn't look very impressive. On October 20th we called on the geriatrics (Challacombe & Howell) to play against Old Dunstonians; Challacombe leaping like a gazelle in the line-outs and resembling a tortoise in the loose, coupled with Howell's sterling performances, as team hard-man, both showed that age comes with experience. Dinwoodie and Guppy combined well as Fly and scrum-half respectively, whilst hard-men 'Buffalo' Seare and 'Muttley' Davies forced home the match-winning try. The Buffalo suffered afterwards with the now customary celebration drink (he's the only one to have rejected it shortly

afterwards unlike Hackett, Watts, Dixon, Leigh and King).

After this the 2nds played with far more commitment and were unlucky to lose 10-7 to Cinderford. We then travelled to Portsmouth to play United Services U21 with Adie 'I never touched her' Watts as skipper. The youngsters were entertained by 'Old man' Underwood who took a few freshers under his wing on the trip down. A fine performance resulted in a 13-3 win. Afterwards, Charlie Popplewell showed paternal tendencies in explaining to a young lad in the curry house that Mr. Ellis did not touch her buttocks. After this mega-performance Osterly were easily crushed 56-3.

Post-Snowflake Alcohol Saturation Syndrome (PSASS) was the main culprit in the 6-20 reverse v. Old Brightonians. This was followed by a further defeat at the hands of Old Cranleighians and a morale boosting 4-0 victory v. Old Millhillians.

Could anyone tell me why 1st XV captains all have trouble with their lower alimentary tract?

Slasher

Guy's 4th XV vs. KCH 4th XV Lost 13-8

Despite the late organization of this game, a strong side, on paper, was raised to play Kings. By late Saturday morning the venue for the match was still in doubt, but was soon to be set for Herne Hill Stadium – 'just a couple of minutes walk from North Dulwich station'. After 20 minutes and many enquiries into which way we should be heading we arrived with many of the team doubting the Captain's leadership ability. After lending Jon Preece to the opposition, Guy's got off to a storming start, with two quite brilliant tries, one by the captain (once again back with the confidence of his team mates) and the second by the ever eager Flanagan. As for the rest of the game, I think the less said the better.

I feel that in the future greater care in the selection of a team will have to be made. This, especially in relation to the front five, four of whom are definitely the most myopic individuals in Guy's, none being able to see more than a yard and a half in front of them without their various optical aids. I don't think sticky tape is the answer Edson!

Team: Rockall, Little, Brooke, Gould, Allen, Gerry, Carruthers, Flanagan, O'Malley, Martin, Vickery, Davies, White, Dyer.

Barr Body

Guy's Hospital 'A' XV vs St Bartholomews Hospital Lost 13-3

This was the second inter-London Hospitals Merit Table game and the team were eager for victory especially as our opponents were Barts, who knocked us out of the cup last year.

The side had an impressive back line that promised to give our visitors headaches all afternoon, but the forwards lacked size and height in the scrummage and line out.

The match was a scrappy affair due to the rain which made the ball very difficult to handle. However, the pack gave a Titan performance, fighting for every ball in the loose, battling in the scrummage and competing well against some very tall line out jumpers. The back row tackled furiously and Love ran around like a youngster bellying his advancing years. For much of the first half, Barts adopted a kicking tactic as they were outclassed in the centre by Sparks and Wilson. In the second half, the visitors continued to keep the ball close to the forwards and kick into the blind side. Eventually lack of concentration by some of the younger members in the side allowed Barts to score.

The absence of the Captain (a slight cough) left a void where leadership was needed which could have encouraged us to a more deserved victory. Ultimately Barts enjoyed more fortune on Wednesday than Guy's which accounted for the flattering score 18-3.

Team: Milan, Dickson, Seare, Howard, Davis, Love, Watts Meharg, Docker, Staker, Wilson, Sparks, Haley, Davies, O'Brien.

A. Blade

MOUNTAINEERING CLUB

The mountaineering club, which has been expanding exponentially of late, is holding its Dinner Meet in North Wales on the weekend of the 9th and 10th of February. The buses will be bursting at the seams no doubt but a great trip is anticipated by all.

Read all about the exploits of the fearless fifty in next month's *Gazette*.

FABRIZIO

Cambridge vs Guy's Hospital 1st XV Lost 47-9

Guy's trips to Cambridge are always entertaining and eventful, and this year was no exception. Our side knew they would have to work hard in the game to contain the talented university team and the Hospital changing room had a serious, business-like atmosphere as Jamie Leigh gave his final briefing on the play.

A large crowd watched the game, including some Guy's supporters. These "fans" gave our team superb encouragement throughout, which was appreciated by all the players.

Initially, the Captain's match policy of "knock them down, hard" worked successfully in the first half of the match and Cambridge only succeeded in crossing our line once. Unfortunately some silly penalties allowed the University a 17 point lead by the interval.

After the break, the continuing saga of lapses in concentration plagued Guy's, and, in a 15 minute period, Cambridge scored several times. However, our heroes came through this black patch; the backs tackled ferociously and feverishly once more and the forwards had 100% commitment to winning the ball, but there was little to show for our toil. Lack of a settled front row gave great difficulties to the scrummage play, but the line-out showed improvement. However, Guy's need the ball to score points with (profound! - *Ed.*), and it was hard to come by on Saturday.

Towards the end of the match, we attacked many times from inside our own 22 in classic Guy's style. Conchie was seen deputising admirably in the centre, for a second row, at one stage. Eventually, after holding the University team inside their own half, a loose clearance was returned by Hackett: beating one player he sprinted down the left wing and passed inside to Haley who unselfishly passed to Docker and he made the touch down under the Cambridge posts. This was greeted with a standing ovation from the crowd. Hackett converted the try to add to his penalty earlier in the match.

After the game the Cambridge night life was enjoyed by everyone in typical rugby club style.

Team: Seare, Dickson, Poppelwell, O'Connell, Conchie, Chew, Meharg, Garryte, Docker, Jones, Reece, Leigh, Peter, Haley, Hackett.

A. Blade

Guy's Hospital 1st XV vs US Portsmouth Lost 18-12

Two evenly balanced sides resulted in a competitive game on Saturday, 5th October.

The match was fast and open with both teams committed to attacking play. Meharg and Neal managed to avoid clashing heads and completed the game intact and with distinction. In the early stages, Guy's oscillated between attack and defence in some frenzied exchange. After a long period of play without stoppage, US Portsmouth opened the scoring with a soft try. Guy's rallied and Hackett replied with a penalty to make the half time score 3-6. In the second half, the pace of the game began to tell on the Hospital side and many attacks became ineffective. The visitors scored twice more and Guy's could only answer through another Hackett penalty. Then came the high point of the match; a spell of Dai Maggs magic: from inside Guy's 22, he jinked past his opposite number and most of the pack to sprint clear of the defence only to be foiled by the fullback. Inspired by this act, the pack raced to his aid and released the ball for Reece to score on the opposite wing. Hackett converted the try. However, this was not enough and US Portsmouth held onto their 18-12 lead.

Although Guy's were more cavalier and imaginative in their play, the visitors had better discipline and stamina. It was frustrating to see the Hospital side making good initial breaks only to be stopped by lack of support and the ball appearing for the opposition to counter-attack with.

The backs tackled well but their basic handling skills were poor and need practice. On several occasions on Saturday, promising situations broke down due to appalling passing. Guy's possess gifted runners in the backs, but they must have the ball in their hands to exploit the open spaces and score points.

The commitment is always 100% by Guy's, and, with this and familiarity in the team's play, they will kick this losing stream soon.

Team: O'Connell, Dickson, Neil, O'Peterd, Conchie, Chew, Meharg, King, Docker, Poole, Maggs, Leigh, Jones, Reece, Hackett.

A. Blade

MEN'S HOCKEY

With the prospect of yet another away game and a long train journey we had troubles raising a full strength side. So in true Guy's tradition I went to that haven of lost hockey players, the bar. Here the rather inebriated Cranston found three Irish internationals (not at hockey) all willing to play.

Anyway on to the match - for which due to a few organisational problems, we arrived 30 minutes late. To say we played badly would be something of an understatement. Skip, recently back from his Ipswich assignment, tried to encourage the Guy's team but his pearls of wisdom fell on deaf ears, none more so than the apathetic Calver. Luckily the opposition were so bad that they only managed to score one goal by half time.

In the second half a few of us woke up and decided to play hockey. Brink was unlucky not to score when he flicked the ball over the grounded keeper onto a defender's leg. "Penalty" we cried and umpire Cranston agreed but Brink said the ball was over 18 inches off the ground and hence dangerous play. So the penalty was not awarded.

At this point Skip had to be forcibly restrained from attacking Brink. However the game continued with Guy's playing their best hockey of the afternoon but unable to score an equaliser. With everyone going forward we were almost caught out at the back in the last few minutes but Billy, making his debut in goal, was more than a match for the mediocre Edenbridge attack.

Many thanks to Graham and friends for playing at such notice and to Iain for umpiring.

Team: Billy*; R. Russell; J. Buchannon; N. Calver; P. Kearney; T. Brink; J. Gregg; J. Black; P. Jani; Graham*

*Irish International.

V. T. Ardy
and V. L. Ate

Guy's 4th XV vs. Old Olavians

On December 8th 1984 one of the most spectacular displays of rugby in recent years was witnessed at Honor Oak Park. In a quite ruthless performance by the 4th XV 'machine' the opposition were reduced to a quivering mass in a crushing 6-4 victory. Rarely has the ball been moved so sweetly down the three-quarters or has the pack so dominated the loose ball play. The tempo and skill of this Guy's performance led to the defection of most of the support from the adjoining 2nd XV game, swelling the admiring crowd to the season's largest gate of three.

With an hour to go until kick-off the captain is still desperately searching to fill the last three team places. The Irish Fool was as willing as ever to take part and El Nav soon followed in line. A last minute visit to St. Christopher's led to the enrolment of novice George who was only too happy to participate. With the defection of Flynn, who was working in Casualty, we were left one short at kick-off, but who was concerned?

From the moment Mr. Barry first blew his whistle, there was never any doubt about the outcome of the game. It was non-stop pressure from the word go, eventually resulting in a quite brilliant try for Guy's. After setting the ball up, the scrum elegantly fed the backs who spiralled the ball out to the winger, El Nav, who side-stepped his opposite number as if he were back in the bull ring. The ball was flicked back inside to his captain who beat one man and then dived to score in the corner. Eugene delicately stroked the conversion kick between the posts - there was no stopping us now. (*This is a totally inaccurate description of the try* - Ed.).

The rest of the game was spent toying with the opposition, who looked close to tears by the end. Not wishing to see grown men cry, we allowed them a consolation try, confident in the knowledge that the conversion attempt would not be successful. Old Olavians can count themselves lucky that Mr. Barry saw fit to end the game when he did - more points were imminent.

Many thanks to Nigel for trying his hand at prop and to Bob for keeping himself clean.

Team: Cheah, Rockall, White, Brooke, Gould, Bell, Flynn (absent), Carruthers, Ian, O'Malley, Masani, Shannon, Carruthers, Flemming, Dyer.

Barr Body

Guy's 4th XV vs UCH Won 10-0

On a lighter note the 4th XV played UCH on Wednesday. A few players were still under the effects of post *viva voce* alcoholism when they took to the field.

UCH were already on the park warming up when our late arrivals made it; after being rounded up by the official team press gang everything looked set for another heartbreaking defeat.

However, the 'rock steady crew' as the back division likes to be known, had other ideas. After winning the line out the backs created an overlap and Thomas juggled with the ball across the try line to score, in typical Welsh fashion. Soon after some loose play near the UCH line Meharg picked the ball up and dived over to score. Dinwoodie converted.

Everything looked set for a good win but the forwards made heavy weather of winning the ball and inaccuracy at the line out in the throwing in gave little sign of things improving. The play continued in the same way; the backs starved of ball and the forwards working individually rather than together until the end. If UCH had possessed a kicker this could have been a different story. There was nothing to rave about in this performance other than it was our first victory in the merit table and it was sweet.

Team: Seare, Dixon, Slater, Davis, Dooley, Chew, Meharg, Watts, Dinwoodie, Thomas, Hackett, Maley, Vickerey, O'Brien.

Barr Body

ASSOCIATION FOOTBALL CLUB

1st XI

Guy's 6 Goldsmiths III 0

What should have been Guy's second league match was in fact the first, the previous one having been lost somewhere between North London, Egham and Honor Oak Park (Nice one Gav!). The Cat was away having his hair welded and the Irish Fool was hundreds of miles away verbally abusing Scotland. However, his replacement was no disappointment - 'Cheeky Fresher' Screene, the latest in a long line of brainless right backs (Rytina, Scriven, Shannon . . .). He of course was late. The game started without him and 'No-Jugs' opened the scoring after 'H-M's' free-kick. Nozzer got a boring hat-trick and was unlucky to miss with a chip over the absent keeper

from 2 feet out. Sipper Mellor netted after a first class run from the passenger. Taylor tried to claim the remaining own goal, but being absent from post game discussions in the bar was unable to substantiate his claim.

I.C. III 0 Guy's 6

Our, by now, traditional early season trip to Heathrow produced a marvellous performance from the whole team under the fiery leadership of Sipper. Goals from Nozzer, Mellor, Tucker (2), Dave Callaghan's debut goal and an own goal resulted in a convincing win for the boys. Surprisingly The Cat kept a clean sheet.

The following two games saw us gain a point in a 2-2 draw at Brentwood v. Q.M.C. III and our exit from the UH Cup v. The London in a nonetheless creditable, 0-2 reverse. Two league games in four days v. Kings saw Guy's clinch two more valuable victories.

A morale boosting win was secured v. the whingeing Royal Free by virtue of a late winner from Nozzer. Despite appalling play late in the game we gained more league points with a 3-2 victory over S.E.E.S./S.O.A.S. This had been preceded by 'Dobber' Bailey's attempt to place the ball into lunar orbit earlier in the game.

No Temporal Lobes

2nd XI Mid-Season Report

The seconds started the new season (incidentally with the best-looking captain seen for many years) with a 2-2 draw against Liverpool medics, a result the 'other' Guy's team could not match.

The league started the next week when we entertained the Royal School of Mines II, fresh from an Arthur Scargill sandwich course of picket line etiquette. Suffice to say after trailing at every point in the match we ran out winners 4-3. Next, in the ULU-Cup preliminary round LSE Vths were disposed of 8-4, and the following league match saw us draw 3-3 away with RSM II at Heathrow.

The fixture against LSE IVth at Berrylands proved one of the most memorable played so far. Both club goalkeepers were unavailable that Saturday, so glancing around the spit on a Friday lunchtime the selection problem was eased: a thick set

Irish navy, posing as a medical student, spurted "I'm yer man for the job" ... Norm 'the cat' was born ... a star he was. Not only did he once touch the ball with his hands (apart from removing the ball from the net several times) but at one point he fooled the oppo' centre-forward by deliberately running over the ball so that the attacker could just run past and slot the ball home from 2 yards out. Alas, now Norm has donned the hockey goalies outfit, thank goodness will play for us no more.

The next game against West/ChX III at HOP saw the side bounce back in style with a 7-0 victory which showed Nigel to be a greedy ball-hog and score 5 goals. The trip to Chelsea College showed that there is only straw in our secretary's (Gavin Stokes) head, when, having claimed to have spoken to their captain to confirm the match, we turned up to find the team didn't actually exist. Is Stokes a pathological liar or just a scarecrow who hasn't got a brain?

Versus Barts II at Chislehurst saw us win 5-2 with Nigel scoring a hat-trick and the less said about the home match against UC V the better. After a disastrous defeat in the league v. LSE IV (c/o Norm) we wrought revenge in the first round proper of the ULU Cup, winning 4-1 at home, even better since their ugliest player was sent off for persistent arguing.

West/ChX III away at Cobham saw us win 4-1, Neil Croucher scoring from the halfway line with a ball that bounced over the goalkeeper's head. Keith 'Cheeky Fresher' Screene scored his first goal for Guy's in this match. So pleased was his mum, in fact, that she bought him a new coat a few weeks later and no longer has he to drive the car home from the station of an evening.

In the ULU Cup 2nd round we drew 1-1 away v. IC VI with a late goal from Paul Elphick, whilst in the U.H. Quarter-Final we easily saw off Tommies 3-1 with goals from Marchbank, Lewin and 'Bearded Goat' Harris. In the last league match at home v. Barts we were winners 4-3 with the scorers Marchbank (2), Price and a particularly brilliant headed own goal.

In the ULU Cup 2nd round replay we were impressive winners 6-0 which gave an impressive end to the season at mid-point.

Thus, we have played 13 games, winning 9, drawing 2 and losing only 2. We are in the UH Cup semi-final and are almost certain to be first or second in the league.

A mention must be made of Chris Pocock who has kept goal well this season. Also Emin Carapetti and Steve Brookes who have defended well as full backs.

Dave Guppy has also played this season, but now unfortunately gambling has begun to affect his football career.

Players used: Pocock, Gardner, Brookes, Littlejohn, Carapetti, Cieslecki, Jenkins, Stokes, Allington, Guppy, Croucher, Screene, Price, Elphick, Lewin, Lloyd, Marchbank, Harris, Tucker, Taylor (Yuk!), Masani.

W.B. Back-Stabber

Hospital Information

PAPERS BY GUY'S MEN

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SOOTHILL, James Stephen
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VERMA, Upender Kumar
WARREN, Stephen John
WILSON, Brian Andrew

L.R.C.P., M.R.C.S.

OLIVER, Philip David (October 1984)
NEWSON, Christopher Douglas (October 1984)
TAYLOR, Robert Horace (October 1984)

L.M.S.S.A.

MAK, Linda Lai-Ming (August 1984)
BEER, Michael Dominic (September 1984)

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TAYLOR, Miss Alison Virginia (Hons.)
WHITEHOUSE, Andrew John
WONG, Miss Cecile Hok-See
YOUNG, Miss Susan Yuling

1984 PRIZE CERTIFICATES

COLIN MARK DAYAN was awarded the Henry Levitt Memorial Prize for 1983.

Examiners: Prof. Anderson, Prof. Lessof.

ANDREW JOHN KENT was awarded the Gillespie Prize for Psychological Medicine for 1984, jointly (with Mr. K. R. Lloyd).

KEITH ROBERT LLOYD was awarded the Gillespie Prize for Psychological Medicine for 1984, jointly (with Mr. A. J. Kent).

Examiners: Prof. Watson, Dr. Fry.

COLIN MARK DAYAN was awarded the Treasurer's Medal and Prize and Baldwin Prize for Clinical Medicine for 1984.

CLARE ELIZABETH WILKIE was awarded the Second Prize at the examination for the Treasurer's Medal and Prize for Clinical Medicine for 1984.

Examiners: Prof. Lessof, Dr. Hicks.

TIMOTHY JAMES VYSE was awarded the Charles Forster Prize for Cardiology for 1984.

Examiners: Dr. Sowton, Dr. Curry.

CHRISTOPHER DOUGLAS NEWSON was awarded the First Prize at the examination for the Hopkins Prizes for Anaesthetics for 1984.

PHILIP DANIEL STENHOUSE was awarded the Second Prize at the examination for the Hopkins Prizes for Anaesthetics for 1984.

ELIZABETH MARY MELVILLE was awarded the Third Prize at the examination for the Hopkins Prizes for Anaesthetics for 1984.

Examiners: Prof. Adams, Dr. Wedley.

CLARE ELIZABETH WILKIE was awarded the Gilbert Prize for Rheumatology for 1984.

Examiners: Prof. Panayi, Dr. Grahame.

GRAHAM JOHN THORNICROFT was awarded the Golding Bird Medal and Prize for Obstetrics and Gynaecology for 1984.

MARK DAVID KILBY was awarded a Certificate of Merit for his performance at the examination for the Golding Bird Medal and Prize for Obstetrics and Gynaecology for 1984.

Examiners: Mr. Chapman, Mr. Coltart.

LINDA LAI-MING MAK was awarded the First Prize at the examination for the Charles Oldham Prize in Ophthalmology for 1984.

STEPHEN DAVID FEWSTER was awarded the Second Prize at the examination for the Charles Oldham Prize in Ophthalmology for 1984.

Examiners: Mr. Watson, Mr. Daniel.

RANA SURAJIT CHOWDHURY was awarded a Surgeon Rear-Admiral R. F. Clark Exhibition for Physiology and Bacteriology for 1984.

JOHN ANTHONY SPENCE was awarded a Surgeon Rear-Admiral R. F. Clark Exhibition for Physiology and Bacteriology for 1984.

SARAH WOLLASTON was awarded a Surgeon Rear-Admiral R. F. Clark Exhibition for Physiology and Bacteriology for 1984.

Examiners: Prof. Macdonald, Prof. Mims.

SIMON JOHN PLINT was awarded the Treasurer's Medal and Twefik Prize for Surgery for 1984.

NAOMI ANNE FINEBERG was awarded the Second Prize at the Treasurer's Medal and Twefik Prize for Surgery for 1984.

Examiners: Mr. O'Flynn and Mr. Owen for Prof. McColl.

ELIZABETH MARY ANGELA WITHERINGTON was awarded the Golding Bird Medal and Prize for Bacteriology for 1984.

THOMAS JOHN BLANCHARD was awarded a Certificate of Merit for his performance at the examination for the Golding Bird Medal and Prize for Bacteriology for 1984.

Examiners: Prof. Mims, Dr. Simmons.

SIMON SAYERS CROSS was awarded the Jean Morton Prize for Special Merit in Patient Care for 1984.

WIKTOR STANISLAW ZBRZEZNIAK was awarded the First Prize at the Richard Ellis Prizes for Paediatrics for 1984.

RUTH MARGARET AYLING was awarded the Second Prize at the Richard Ellis Prizes for Paediatrics for 1984.

Examiners: Dr. Neville, Dr. Rigden.

CAROLINE NICOLA GIFFORD STARKEY was awarded the First Prize at the Spastics Society Handicap Prizes for 1984.

STEPHEN ROBERT FISHER was awarded the Second Prize at the Spastics Society Handicap Prizes for 1984.

Examiners: Dr. Neville, Dr. Rigden.

TIMOTHY JAMES VYSE was awarded the Beane Prize for Histopathology for 1984.

Examiners: Dr. Hartley, Prof. Adams.

TIMOTHY JAMES VYSE was awarded the Beane Prize in Immunology for 1984.

DAVID ANDREW WALSH was awarded a Certificate of Merit for his performance at the examination for the Beane Prize in Immunology for 1984.

Examiners: Prof. Cohen, Dr. Leibowitz.

ANDREW GEORGE WILLIAMS was awarded the Leonard Lubbock Prize for Chemical Pathology for 1984.

Examiners: Dr. Liddell, Prof. Cohen.

MICHAEL AUGUSTINE FOLEY was awarded the IC Pharmaceuticals Division Prize for Clinical Pharmacology and Therapeutics for 1984.

Examiner: Prof. Trounce.

DAVID ANDREW WALSH was awarded the Dennis Deuchar Memorial Prize for 1984.

JULIET MARY CONSTANCE GOFF was awarded the Ian Howat Memorial Prize for 1984, jointly (with Mr. A. G. Williams).

ANDREW GEORGE WILLIAMS was awarded the Ian Howat Memorial Prize for 1984, jointly (with Miss J. M. C. Goff).

TOU CHOONG CHANG was awarded a Mr. and Mrs. Leung Woon Keung Prize for 1984.

ADRIAN JOHN BOSTE JAMES was awarded a Mr. and Mrs. Leung Woon Keung Prize for 1984.

TIMOTHY JAMES VYSE was awarded a Mr. and Mrs. Leung Woon Keung Prize for 1984.

Examiners: Dr. Houston, Prof. Clark.

ANDREW GILES HAMMERSLEY was awarded the School Prize in Pharmacology for 1984.

Examiner: Prof. Spector.

SIMON VERNON THOROGOOD was awarded the Woodridge Prize for Physiology for 1984.

Examiner: Prof. Macdonald.

SHEHLA JAMIL was awarded the Michael Harris Prize for Anatomy for 1984.

PIYUSH JANI was awarded a Certificate of Merit for his performance at the examination for the Michael Harris Prize for Anatomy for 1984.

Examiners: Prof. Berry, Dr. E. L. Rees, Dr. Hutchinson.

CLARE NICOLA OVERTON JONES was awarded the Gowland Hopkins Prize in Biochemistry for 1984.

Examiners: Prof. Diplock, Dr. Watts, Dr. Gower, Dr. Anderson.

ERICA ANNE MITCHELL was awarded the Confined War Memorial Scholarship for 1984.

ARISTI ARISTODEMOU was awarded a Confined War Memorial Exhibition for 1984.
 MARK JONATHAN SHARRARD was awarded a Confined War Memorial Exhibition for 1984.
 SARAH ELISABETH STANLEY was awarded a Confined War Memorial Exhibition for 1984.
 ANTONY JOHN PETER CLEMENTS was awarded a Confined War Memorial Clinical Exhibition for 1984.
 JULIAN CHARLES FENELEY was awarded a Confined War Memorial Clinical Exhibition for 1984.
 MARTIN JOHN FISHER was awarded a Confined War Memorial Clinical Exhibition for 1984.
 SHEHLA JAMIL was awarded a Confined War Memorial Clinical Exhibition for 1984.
 MARIA HELENE THOM was awarded a Confined War Memorial Clinical Exhibition for 1984.
 Examiners: Prof. Berry, Prof. Diplock, Prof. Macdonald, Prof. Spector.

CLARE NICOLA OVERTON JONES was awarded the Tewfik Prize for Anatomy and Physiology for 1984.
 Examiners: Prof. Berry, Prof. Macdonald.

MARTIN JOHN FISHER was awarded the Louis Meyer Harris Prize for 1984.
 Examiners: Dr. Armstrong, Dr. Daker, Dr. Weinman.

ERICA ANNE MITCHELL was awarded the Edgcombe Prize for 1984.
 Examiners: Mrs. Brown, Dr. House.

PETRA JANE NORRIS was awarded the Preliminary Clinical Prize for 1984.
 Examiners: Dr. Rees, Mr. Rendall.

ANDREW GILES HAMMERSLEY was awarded the Hilton Prize for Dissection for 1984.
 Examiners: Prof. Berry, Dr. Hutchinson.

Dermatology Firm Prizes

October – December 1983:–

First Prize: Mr. P. J. Alderson

Second Prize: Miss R. M. Ayling

December 1983 – February 1984:–

First Prize: Mr. D. A. Rouse

Second Prize: Mr. R. A. Atun

February – May 1984:–

First Prize: Mr. J. A. McGrath

Second Prize: Mr. A. Hasheminejad

May – July 1984:–

First Prize: Miss C. M. A. Gleeson

Second Prize: Mr. S. D. Bell

August – October 1984:–

First Prize: Mr. E. A. Sheridan

Second Prize: Mr. T. J. Vyse

Ophthalmology Firm Prizes

October – December 1984:–

First Prize: Miss R. M. Ayling

Second Prize: Miss M. Claiden

December 1983 – February 1984:–

(jointly) (Mr. R. P. W. Cowell

(Mr. D. A. Walsh

February – May 1984:–

First Prize: Mr. A. Hasheminejad

Second Prize: Miss H. G. du Peloux Menagé

May – July 1984:–

First Prize: Mr. R. C. Hornby

Second Prize: Mr. S. B. Muir

August – October 1984:–

First Prize: Mr. T. J. Vyse

Second Prize: Mr. W. J. Fawcett

External Prizes

Medical Defence Union Elective Bursaries for 1984:–

Miss J. M. C. Goff

Miss M. Claiden

Miss F. M. Hayes

Mr. P. J. Mayes

Miss M. H. Skelker

Keith Graham Davey was awarded the Duke Elder Undergraduate Prize in Ophthalmology of the Faculty of Ophthalmologists for 1984.

ENGAGEMENT

BEER – Dr. Michael Dominic and Miss Naomi SALTER: Dominic is currently H.P. at Guy's, and Naomi is a fourth year medical student, and daughter of Jim Salter, a Guy's-trained dentist.

DEATHS

CURRIE, John Alexander died at the age of 86 after a long illness in Cape Town. He is survived by his wife Gerie, two sons, two daughters and several grandchildren.

HART, Maurice and his wife were killed in a motor accident late last year (1984).

McDONALD, Robert died in Cape Town aged 76 late last year (1984). He is survived by two sons, a daughter and nine grandchildren.

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Chicken and the Egg

There has been an understandably mixed reception to the initial success of Mr. Enoch Powell's Private Member's Bill concerning experimentation on embryos. One is forced to wonder whether this legislation is being rushed through without adequate breathing space for protagonists and antagonists alike to consider dispassionately the issues involved. This is not an unreasonable suggestion – whenever people call upon others' emotions there is inevitable distortion of the issues as an emotive argument is always more powerful than one that is seemingly disinterested; it is all too easy to accuse somebody of being callous when they are presenting something in an even-handed manner.

Loathe as the *Gazette* is to agree with H.M. Government, we do agree that legislation should be delayed and that, at least, a moratorium be declared while everybody calms down, and proper consideration can be given to arguments on both sides, which are equally compelling and equally important.

A Bitter Pill

The *Gazette* unashamedly condemns the situation concerning contraceptive practice forced by Mrs. Gillick's unpardonable action in the courts. As she has ten children, she has presumably not found the source of the problem, but young girls, desperate for help, feel that they understand what causes babies, and want to prevent this occurring. That they should feel unable to do this because of fears about their parents' finding out is inexcusable. It is not the position of doctors to enforce their morality, let alone Mrs. Gillick's, on young women. Of course the issue is clouded when they are under sixteen, but do we really want a return to fear and superstition that should have been eliminated years ago? The BMA has claimed that already two girls have taken their own lives as a result of the findings of the court. Whether or not this is true, it is clear that young girls and boys will continue to do what they have been doing for centuries, regardless, so what excuse is there for depriving them of the only really suitable help that they will accept?

We hope the ruling will be defeated in the Court of Appeal, enabling more considered legislation to be introduced, and freeing doctors of the burden of guilt they suffer when their consciences dictate they must defy the law.

News in Brief

Guy's Directory of Doctors

Work is starting on a new edition of the Guy's Directory (Medical) – last published in 1969. Mrs. Nesta Cheney (née Stapleford), for many years Charles Baker's private secretary and then the Dean's secretary, has been appointed as the editor and will be working on the project in the Dean's office.

A considerable amount of work has been done on the records over the years since the last edition. Nevertheless, Mrs. Cheney's task is formidable. To reduce the amount of mailing she will need to undertake, Guy's men are invited to send her the following particulars by letter or postcard addressed to Guy's Medical Directory, Dean's Office:

Surname, Maiden name, Christian names, decorations, qualifications, year of first qualification, address, telephone number, and whether or not interested in purchasing a copy of the Directory.

The new data will be put on permanent record on a word processor, from which the plates for printing will be produced. The price of the Directory should be less than £5. Provided the School Office is notified of all changes of name and address from now on, it should be possible to produce future editions much more easily.

The Guy's Dental Directory, which was last published in 1982, was committed to a word processor last autumn and will be reprinted this year. The material was used successfully to send out notices about this year's Dental Clinical Meeting.



Guy's Bournemouth and Wessex Society

The above photograph from the annual dinner of the Guy's Hospital Bournemouth and Wessex Society, held last November, shows from left to right: Mr. E. H. Archard (Chairman), Dr. R. D. Hill (Chairman elect), Prof. A. H. R. Rowe (Guest of Honour) and Dr. P. Loxton (Hon. Treasurer).

Guy's Hospital East Anglian Society

The Guy's Hospital East Anglian Society's Dinner for 1985, will be held on Saturday, 27th April, 1985 at the Sainsbury Centre, University of East Anglia, Norwich at 7.30 for 8 p.m. The Guy's Guest of Honour will be Dr. and Mrs. George W. Scott.

If any Guy's East Anglian has not received notice of this dinner but would like to come, would he/she please write to:—

Dr. C. Bishop, Department of Anaesthesia,
The Ipswich Hospital, Heath Road, Ipswich, Suffolk IP4 5PD.

The Friends of Guy's Super Raffle

Tickets are now being sold for the Friends of Guy's Super Raffle. Among the attractive prizes to be won is a Luxury Holiday for Two – one week full board in The Livermead Hotel, Torquay and a case of wines and spirits to the value of £100.

Tickets are obtainable from Mrs. M. L. Campbell, The Friends of Guy's Hospital, 23b, St. Thomas Street, S.E.1, at 20p each. (Books of 5 for £1.)

"World in Action"

Our readers may be interested to know that Granada T.V.'s "World in Action" recently interviewed Dr. V. Pfeiffer, who was a visiting student at Guy's (1978-9), being sponsored by the German National Scholarship Foundation; and his wife Helen, Ward Sister on Braxton-Hicks till 1980.

A discussion of their experiences, both inside the N.H.S. and the German health care system, forms part of a programme which tries to compare the N.H.S. with other health care systems in Europe. The programme will be broadcast in the near future.

Front Cover

This month's front cover shows *Thomas Guy counting his money* by John Theodore Heins (reproduced by courtesy of F. W. Cheetham, Director of Norfolk Museums Service, Norwich Castle Museum). Refer to the article "Scenes from the life of Thomas Guy" by Anthony Batty Shaw on page 64.

Wolfson House Anniversary Thrash

Wolfson House opened for business on Sunday, 7th September 1975. The tenth anniversary of this event falls on a Saturday and it is proposed to hold a reunion buffet party in the Dining Room and Ballroom of Boland House that evening if there is sufficient response. Any qualified Guy's men who lived in Wolfson House for at least six months and who would like to attend this reunion with or without a guest should write to "W.H.A.T., School Office, Guy's Hospital Medical School" before 30th April and indicate whether one or two tickets are desired. Tickets will be limited to 250 in number and are expected to cost £10 including sherry and wine at the buffet. A decision to hold the party or not will be taken early in May and those who have responded to this notice will be informed. A further announcement will then be made. Dr. Timothy Mant, who is working in the Department of Clinical Pharmacology, has agreed to be Secretary for this reunion.

"Oh What a Lovely War"

Starting Wednesday, March 20th for three nights, Guy's Hospital Theatre Club will be presenting "Oh What a Lovely War" in the Harris Physiology Theatre.

This musical play is a chronicle of the First World War, told through the songs and documents of the period and was first given flesh and blood in Joan Littlewood's Theatre Workshop.

Tickets are priced at £1.50 and are available from Boland House each lunchtime. Alternatively they may be obtained by sending a S.A.E. c/o A. K. Gardner, Boland House, Guy's Hospital, S.E.1, with the relevant remittance.

"Virtue Confounded"

An evening of tonic titbits and musical interludes. 5th, 6th and 7th March in the Ballroom. Watch out for details.

The United Hospitals' May Ball

We would like to announce the United Hospitals' May Ball, to be held at Glaziers' Hall on 17th May 1985. Tickets, £36 for a double (tables of 10) are available from Iain Cranston, Boland House.

Newland Pedley Travelling Scholarship

This Scholarship will be awarded to the holder of a registrable dental qualification, who has been educated at Guy's Hospital Dental School, to enable him or her to undertake postgraduate dental study at one or more Dental Schools or Colleges abroad approved by the Dental Academic Committee. The value of the Scholarship will be up to £5,000 and the actual amount of the award will depend upon whether the holder of the Scholarship proposed to spend a period at an institute in Europe or Scandinavia or whether the time will be spent in Canada or the United States. The holder of the Scholarship may be required to undertake teaching duties in this School for the academic year following that in which the Scholarship is held.

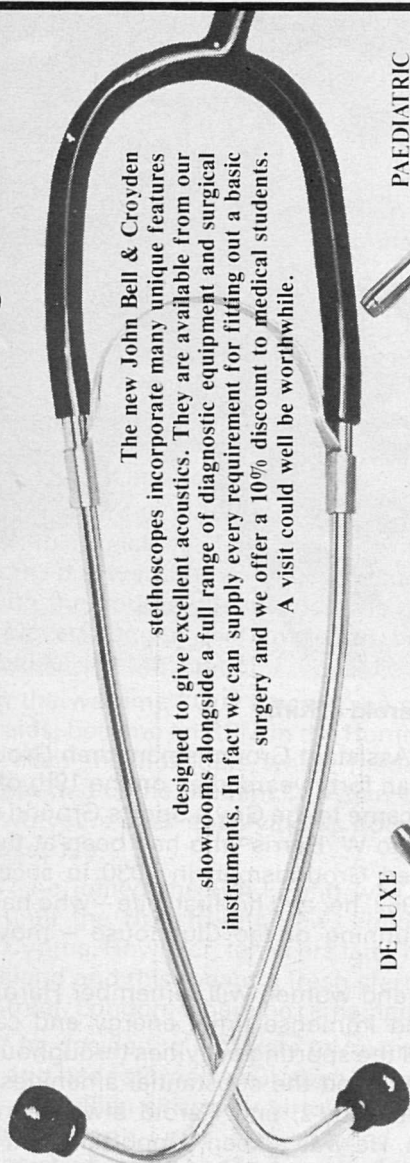
Dental Travelling Scholarship

This Scholarship has a value of £1,000 and is awarded every year to the holder of a registrable dental qualification, who has been educated at Guy's Hospital Dental School, to enable him or her to study at one or more Dental Schools abroad which are approved by the Dental Academic Committee.

In order that applications for the Travelling Scholarships may be considered by the Dental Academic Committee in sufficient time to enable the successful candidates to make arrangements to travel, etc., it is necessary for all applications for Travelling Scholarships for 1985 to be received by the Dean of Dental Studies by Friday, 5th April 1985.

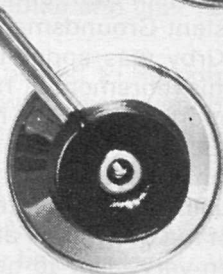
The Dean of Dental Studies will be pleased to discuss the matter with anyone who is interested.

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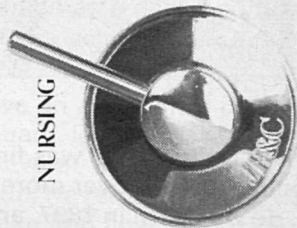


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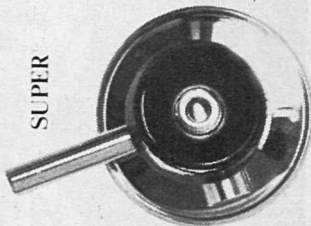
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Obituaries



Harold L. Kirby

Harold Kirby who was first Assistant Groundsman, then Groundsman, at Honor Oak Park over more than forty years, died on the 19th of January, 1985. He was born in 1897, and came to the Guy's Sports Ground in 1921 to work as Assistant Groundsman to W. Harris who had been at the Ground since 1892. Kirby was appointed Groundsman in 1930 in succession to Harris. Upon his retirement in 1962, he, and his first wife – who had done so much to support him in the running of the Clubhouse – moved to St. Leonards-on-Sea.

Generations of Guy's men and women will remember Harold's many admirable qualities. He devoted immense time, energy and care to the preparation of the Ground for all the sporting activities throughout the year. We have been very lucky to have had the substantial amenities of H.O.P. available comparatively close to Guy's, and Harold always brought the pitches into excellent condition. He was a keen supporter of all the Clubs and was invariably present for the cup matches. Cricket was probably his greatest interest; he often umpired matches and sometimes travelled on tours with the Silhouettes. At H.O.P. he ran the Clubhouse, and the bar for home fixtures, and was a good friend to countless students and staff. In his cheerful, avuncular style he would reminisce about past matches and the many Guy's personalities he had known.

On his retirement his loyalty and devotion to Guy's were marked by a number of dinners, at which he received presentations from the Clubs and was made a Vice-President of the Rugby Club. He was very proud of, and deeply touched by, these expressions of affection and esteem in which he was held by his many friends. Harold continued to visit Guy's or H.O.P. regularly until a few years ago and took an active interest in the activities of the Clubs. His first wife died in August 1979. In 1980 he married again and we extend our sympathy to Mrs. Kirby in her loss.

R. K. K.

Peter Charles Shelley Campion, LDS, RCS, Eng.

Born in Alexandria, Egypt in 1919, Peter Campion's childhood and youth were largely spent in that country where his lifelong interest in archaeology was fostered. He spoke French, German and Arabic rather than English there and remained fluent in them throughout his life. Educated in England by Miss Swain at Clarendon and later at Monkton Combe School, Bath, he travelled extensively through Europe and the Middle East to and from home in Egypt and school.

In 1938 he went to Guy's Hospital, following in his father's footsteps. His aim was to emulate his father and qualify in medicine and dentistry. He studied both, but wartime and such circumstances were to prevent him from gaining the double qualification. He qualified as a dental surgeon in 1945. He played rugger and rowed for both his school and university, winning "blues" in both sports.

During the wartime "Guy's years" he drove an ambulance during the bombing raids, became an RSM in the Home Guard, led a choir of some 400 personnel from the hospitals which made several broadcasts and was deeply committed to the Student Christian Union. He remained at Guy's for a further two years after qualifying as houseman and later registrar to Sir William Kelsey Fry.

In 1947 he joined the R.A.F. and was posted to Palestine where he remained until the British withdrew. Following his "demob" he set up practice in Cyprus. However, ten years later he and his family were forced to leave the island and this meant a fresh start. He built up a busy practice in Wimpole Street, London, where he remained for over 20 years.

In 1977 he decided to emigrate to Australia. Both his parents had been born there and had returned to Brisbane after being forced to leave Cyprus. He was an Australian citizen by virtue of his father's birth and citizenship. He arrived in Perth, met and married his second wife – a Guy's physiotherapist whom he had known since their student days.

In the last seven years Peter contributed to dental and medical student anatomy teaching in the University of Western Australia by becoming a kind of father figure and role model to succeeding intakes of students and interspersing his teaching with credible and incredible stories from his wealth of clinical and other experiences in exotic lands.



Elaine Parsons, who was recently elected President of Guy's Hospital Clubs' Union.

He was a born story teller. He had a zest for the telling that overstepped any consideration of time; Peter was a quirkish, impish, charming and humorous man who could easily be roused to indignation and rage when he saw injustice or hypocrisy. He had an immense capacity for fun and frivolity. Also there was a certain crusading quality for causes in which he believed such as his devotion to and support of his wife Margaret during her lecture tours round Australia demonstrating paediatric hydrotherapy, or teaching biblical archaeology to school children or lecturing on the Australian Broadcasting Commission *Science Show* on Egyptian Archaeology. Peter was a large positive man with a very personal faith in the truth of the Christian good news, about which he was prepared to gossip *ad infinitum* given the slightest encouragement.

The cancer that killed him progressed rapidly and his colleagues and friends were stunned at the news of his death. A measure of the affection he had won among friends old and new was the packed church at the Service of Thanksgiving for his life. We were all immensely thankful for the touch of style he brought and for the warmth and friendship of his personality.

D. B. A.

Clubs' Union News

On Tuesday February 19th, the new Clubs' Union officers take up their posts to face a challenging year running the Union. Congratulations are due to the following who were elected since the last *Gazette* issue:

Junior Secretary, Gerry Skailles

Social Secretary, Mark Laniado

Bar Secretary, Chris Redman

While not wishing to bore any readers (*Why break with the habits of a lifetime? – Ed.*), I think it is now appropriate to sum up the events, achievements and lessons to be learnt over the last twelve months. A major achievement is to have all six officers still in their posts after a year, the first time that no-one has had to resign for several years. Most of them have put in a lot of effort to their jobs and achieved worthy results.

Duncan Brooke, as Social Secretary, has managed to keep the Ballroom booked for an impressive number of Friday evenings, as well as organising his own events, attending London Social Secretaries' meetings and, of course, organising the Snowflake Ball. It was held again in the Glaziers' Hall in November and was very well attended. However, perhaps adverse comments about the high price of tickets were justified considering Neil Innes' very expensive, but ill-appreciated, cabaret act and the lack of good traditional or jazz dance bands. Nevertheless, it was a good evening; all credit to Duncan. Likewise, Freshers' Week was a profitable success and the Summer Festival, organised by Wiktor Zbrzezniak, was enjoyed by all who attended.

Elaine Parsons, as Vice-President (Dental), has divided her not inconsiderable energies between the Union Shop and external affairs. This veritable hypermarket last year made a staggering profit of over £3,500 which has enabled us to put its future on a firmer basis since October with the employment of a part-time manager/assistant in the form of Pat Driscoll (of *Gazette* renown). Elaine has also since September been convener of ULU Med Group.

Paul Cassar, as Bar Secretary, has coped very well with one of the traditionally toughest and most thankless jobs. The Bar has not been without its problems particularly concerning security and the level of shortages. This in turn has delayed purchase of new furniture and fittings. However, Paul's regular bar staff meetings, use of professional security and introduction of glass glasses have all contributed to increasing morale and prospects for the future are encouraging.

Sarah Corston, Junior Secretary, amongst other things has helped run the shop as well as being responsible for the odious task of Union minute taking. Andrew Farmery remained in office as Vice-President (Medical).

Internally, I have attempted, with a degree of success, to produce a regular fortnightly newsletter to keep the student body reasonably informed. A real innovation for Guy's was the introduction of pairing new first year students with "mother and father" second years, to guide, advise and entertain, a scheme which overall seems to have proved popular. And, as a whole, general communication and student enthusiasm is improving.

Externally, the Guy's team has played a significant part in London and national student politics. We have played a major role in ULU Medical group as well as helping organise this year's grants campaign and instigating a national student welfare questionnaire. Attendance has also been good at national MSSIS meetings and other conferences. I, separately, have also represented students as a whole on the University of London Senate and some of its sub-committees as a Senator without portfolio, and, hopefully, have helped put forward the students' cause to the University hierarchy.

I hesitate to look to the future, but can feel confident that the Union is in firm hands under Elaine's guidance as President. It would be nice to see the newsletters continue as well as the "sons and daughters" scheme. Better definition of union officers' posts and responsibilities may also help to provide more services in terms of welfare, communication, etc. We must also increase our efforts for liaisons with St. Thomas' students to help cement the union of our two schools.

Finally, I would like to thank all the people, yet unnamed, who have helped with Union events and activities over the last year, particularly from the Medical School: Mr. Bompas, Mr. Baker and Mr. Fendick. Special thanks are also due to Professor Rowe, Senior Treasurer, and Mr. Beard, Chairman, who are both retiring from their posts at the AGM, both having contributed a lot over the years.

John Edwards, President

Guy's Evelina Children's Hospital Appeal

by Michael and Peter Joseph

Sponsored Walk – Sunday, 3rd February

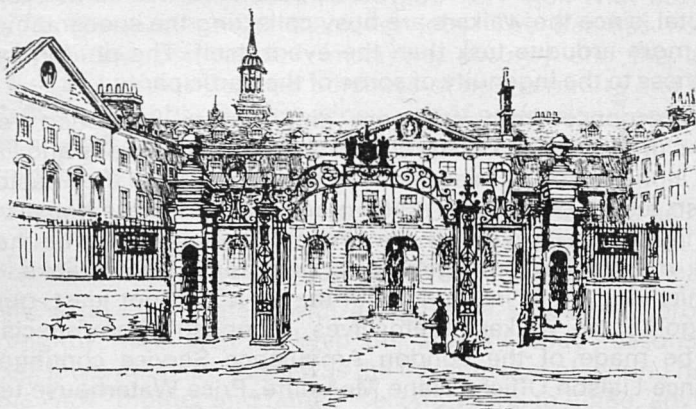
The sponsored walk starting at the forecourt of the Pergola, Snowsfields, to Woolwich and back, a total of 15 miles, was a great success and generated a substantial sum for the Appeal Fund. We do not yet know the grand total, since the walkers are busy collecting the sponsorship money – often a more arduous task than the event itself. The photographs below bear witness to the ingenuity of some of the participants.

The response from sponsors and donors has been remarkable. Publicans in the vicinity of Guy's have been most generous and likewise the 49 pubs along the route in assisting in collections from their customers. We must also record our thanks to the many local business houses who have helped in various ways and we are most appreciative of the practical support in the form of generous donations from Banks, Insurance Companies and other institutions in the City. And not least, our warmest thanks go to the walkers themselves, amongst whom special mention should be made of the London Ambulance Service contingent led by Ambulance Liaison Officer Diane McAuliffe, Price Waterhouse team led by their sports organiser Neil McKenna, the local Job Centres' team, who all spent their Sunday trekking for the Appeal. Sincerest thanks go to John Pearce and Peter Joseph, the Appeal Secretary, for organising the event.



The walk was started by Professor Clark, Dean of Guy's Medical and Dental Schools. Dr. Michael Joseph also started a number of teams as the walkers arrived from their Sunday lie-in! At the end of the day Mrs. Michael Joseph drew the winning numbers of the raffle, which proved to be a useful

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fund-raising addition. Dr. Joseph thanked all the valiant walkers, John Pearce, John Edwards, President of the Students Union, the Police for their sterling support and all those who had worked behind the scenes to make the event such a success.



Presentation at Nonington, Kent – 12th January

Dr. Michael Joseph and Peter Joseph attended a presentation at the Royal Oak public house, Nonington, to receive a handsome cheque from Grahame and Maureen Peerless, parents of 14 year old Wendy. Wendy underwent a serious heart operation about a year ago at the Evelina. She now leads a near normal life.

The money was raised at a series of events in Nonington and around East Kent during the past year: a charity bottle at the Royal Oak (landlord Roy Fay and wife Liz to whom special thanks are due); a social evening by the Dover and District Bar Billiards League; a charity football match between Nonington Royals and a Showbiz XI, sponsored by Nationwide Building Society and Abbey Life Insurance Company and arranged with the help of Dover Lions. A number of other fund-raising events were held. The photograph shows the cheque presentation in company with the Peerless family, (Wendy, star of the evening, is next to Dr. Joseph), backed by members of Nonington Royals Football Club.



Dr. Joseph, after receiving the cheque, explained the background to the Appeal and he warmly thanked Mr. and Mrs. Peerless for spearheading all the fund-raising events that produced such a splendid final sum.

The Catgut Octet

reported by Peter Yerbury

December last year saw the first performance by the newly formed "Catgut Octet" in Guy's Chapel. The musicians comprising this ensemble are all from Guy's, and have been playing a wide repertoire of music since last February.

The concert opened with the first and second movements of Mendelssohn's Octet in E flat, Op. 20. This was confidently led by Julian Ma, and the octet gave a well consolidated account of these movements, with a rich and steady foundation to the ensemble given by the 'cello playing of Fiona Grant and Rachel Robertson. The dynamic range of the Allegro was wide and well controlled and the serene mood of the Andante was conveyed by some fine legato playing, especially from the middle strings, Janet Craze, Mala Maini, Caroline Ruskell and Suzanne Rang.

The themes of Pachelbel's Canon and Gigue have been popularised by their recent use in film scores. This was the second work of the concert, which was performed in an arrangement without the usual bass continuo.

The ensemble was reduced in number for the first movement of Brahms' string quintet in F. The intensity and brilliance of this movement

were well captured with some soloistic violin passages from Jaci Luce, who led the quintet, and Caroline Ruskell on first viola.

Mozart's ever popular "Eine kleine Nachtmusik" was performed by the entire octet, thus rounding off a thoroughly enjoyable and well attended concert. Ticket and programme sales raised £30, and this will be donated to the Guy's Evelina Children's fund. We look forward to the next concert to be given by the Catgut Octet, which is planned for the Spring.

The Trend Setters

by Our Fashion Correspondent

What a tragedy that no Utopia-seeking photographer could follow this depressed and bored "London – New York – Paris" fashion critic to his present paradise. Here is a place where dress-conscious persons with cynicism to match their modernity can marvel at the catastrophic directional ambiguity of Fashion at its most confused. A weighty first few lines you may think, but then how often do people read about the clothes worn by members of a hospital community? As it happens the *Gazette* last published such information in about 1890 when frock coats were abolished for medical students. Clearly fashion at Guy's is so fast moving that one mention every century is enough.

An outsider visiting Guy's would have great difficulty in pinpointing any particularly tangible trends purely because there aren't any. To attempt to "scope the scene" in daylight is somewhat unlikely to result in any great discoveries at this early stage; the observation that medical students wear white coats and nurses wear purple dresses is valid but not altogether amazing. So, not really surprising to most, the best advice is to start searching for modish inspiration in the Bar. (That ever so infamous local nightspot never fails to receive mention in the columns of this publication, does it?). Here on Inflam nights and on Fridays girls and boys alike may be found who have taken more trouble than usual in selecting the clothes they tug out from under the bed. Can one find two or more who are dressed in similar style? The answer is, "Yes." The eternal "overcoat brigade" exhibits a stubborn tenacity against all principles of good taste and nice smells. The "Casual Boy" is also very much in evidence with those lovely mocassin pumps and the white socks wearing the inevitable lozenged *Benetton* pullover. The latter almost without exception are members of the Football Club (obviously the dress of men of success).

Girls on the whole seem to be far more conscientious with their clothing (predictably enough), but as a truly experienced fashion correspondent it is, all the same, tricky to identify the underlying trends of which these young ladies are a part. One bit of good news which needs to be brought to your attention is that the cotton petticoat dangling a good two inches below the skirt hem is thankfully not often seen anymore. This example of dizzy unfashion is almost as bad as the occasion when an ex-president of the Club's Union was seen in the bar with *flared* trousers of all things. A final note: look out for the twin, red, clip-on bow-tielettes of cataclysmic versatility.

Scenes from the Life of Thomas Guy: The Miser and the Deathbed

by John Theodore Heins (1697–1756), Norwich Castle Museum

by Anthony Batty Shaw, M.A., D.M., F.R.C.P.

As an *afficionado* of Norwich Castle Museum over the last thirty years it was a pleasurable but unexpected experience on a recent visit to discover in its art galleries a pair of eighteenth century oil paintings depicting scenes from the life of Thomas Guy. As the presence of these paintings in the museum was hitherto unknown to me, or any of my Guy's East Anglian friends with whom I discussed them, I felt knowledge of their whereabouts and an account of how they came to be there should be recorded in the *Gazette*.

Both paintings are oils on canvas, each measuring 33.1 x 26 cms (13 x 10¼ inches) and are the works of John Theodore Heins (1697–1756) a portrait painter of German birth who migrated to Norwich at the age of about twenty-three and worked in the city and its surroundings from 1720 until his death. The first painting of *Thomas Guy counting his money* (see front cover) is signed and dated *Heins fecit 1737* so was painted thirteen years after Thomas Guy's death and it seems reasonable to speculate that the second painting *The Death of Thomas Guy* (see opposite) was undertaken in or about the same year. In *Thomas Guy counting his money* he is depicted as a miser sitting at a table counting his money and is being interrupted by a clergyman and others who are asking for a financial donation. In the second painting of *The Death of Thomas Guy* the fingers of Guy point towards a ring of keys (? to the Gates of Heaven) and a horned and tailed figure (? of Greed or the Devil) is leaving the scene from the top left hand corner.

The first painting of *Thomas Guy counting his money* will be recognised by many Guy's people through prints or their reproductions depicting the same theme and more often entitled *Thomas Guy the miser*. These prints, of which there appear to be three, were studied by Sir William Hale-White and his findings reported in *Satirical Prints of Thomas Guy* that he published in the *Guy's Hospital Reports* (1930) 80, 379–383. As a frontispiece to his article he reproduced a print he found in the British Museum that is the exact mirror image of that shown on the front cover. It was undated, but inscribed *Heins Inv. pinx & sculpt*. This inscription is of interest for Heins, sometimes referred to as D. Heins for Dietrich is a German equivalent of Theodore, is not otherwise thought by contemporary students of art to have been an engraver and that engravings attributed to Heins are more likely to have been executed by his son, also John Theodore Heins (*fl.* 1732–1771) who is known to have been both a painter and engraver. However, the inscription that Hale-White described does appear to indicate that Heins senior both painted and engraved his subject. The second print of Thomas Guy, entitled *The Usurer*, also reproduced in his



"The Death of Thomas Guy" by John Theodore Heins (reproduced by courtesy of F. W. Cheetham, Director of Norfolk Museums Service, Norwich Castle Museum).

article by Hale-White, was engraved by an Irishman C. Spooner and a third print, not reproduced, but of which Hale-White gave an account, was by R. Graves. This however will be the most familiar of the three prints to Guy's people as it was reproduced on page 11 of *Guy's Hospital 1725-1948* (1951) that Hujohn Ripman edited for the *Guy's Hospital Gazette* Committee. In the Graves print the figure of Thomas Guy at his table is identical to that in the Heins print and the figure in the Spooner print closely resembles it; both of these prints omit the clergyman and others standing to the side of Thomas Guy and the men and women behind Guy's chair and in front of the window that can be seen on the front cover. As Hale-White wrote in his article both these prints appear to be based on that by Heins, but Hale-White made no reference to any print of *The Death of Thomas Guy*. It is scarcely necessary

to say that Hale-White also wrote a vigorous denial of the theme of the three prints that Thomas Guy was a miser and usurer.

The two Heins paintings were purchased on behalf of the Norfolk Museum Service by Andrew Moore, Keeper of Art, Norwich Castle Museum, at a sale of paintings from the collection of Mr. and Mrs. Paul Mellon held at Sotheby's in November 1981, and this relatively recent date of acquisition explains how I had not previously seen the paintings in Norwich Castle Museum. They were purchased for the museum as rare narrative pictures by John Theodore Heins, the most talented of a number of Norwich eighteenth century portrait artists. During his life Heins painted the portraits of members of many Norfolk families of his day and was responsible for eighteen of the Norwich dignatories represented in the Norwich Collection of Civic Portraits, for the care of which the Art Department of Norwich Castle Museum is responsible. The pair of portraits had been purchased previously for the Mellon collection from a London art dealer in 1964. Both paintings were included in an exhibition of *Painting in England 1700-1850 from the collection of Mr. and Mrs. Paul Mellon* that was shown at the Royal Academy in 1964-65 and at Yale University Art Gallery in 1965. In the catalogue entries for these exhibitions it was written of the paintings, "The intention of Heins's pictures and indeed their identity is somewhat ambiguous. Although apparently mildly satirical in spirit and perhaps to be regarded as supporting Guy's critics (of his miserliness), the second painting seems rather to illustrate the moral point that the evil of greed may be driven out by charitable action. On the other hand, the first picture seems to criticise the shortcomings of institutional rather than personal charity. They may, however, be regarded as 'modern moral subjects' in a Hogarthian manner, and are in style obviously influenced by the artist".

When the paintings were exhibited at the Royal Academy in 1964-65, T. H. E. Orde, then the Hospital Archivist, obtained photographs of them and attempted, without success, to trace their provenance prior to 1964 when they were purchased for the Mellon Collection. Both these photographs, Mr. Orde's correspondence and some prints of *Thomas Guy counting his money* are now filed with the Hospital's archives at the Greater London Record Office, Northampton Road, where, with the permission of Susan Palmer, Assistant Archivist, I have examined them. They constituted the only other previous records I could trace of the paintings for, in spite of writing to the London art dealer from whom the paintings were purchased for the Mellon Collection in 1964, to the Yale Center for British Art, custodian of the Mellon Collection Records, and to other organisations and individuals, I have shared Mr. Orde's inability to trace their provenance prior to 1964. Even Sir William Hale-White's authoritative article, albeit that it was concerned only with satirical prints of Thomas Guy, makes no mention of the paintings. Perhaps some reader of this issue of the *Gazette* may know the answer?

Thomas Guy has no other association with Norfolk than these two satirical paintings of scenes from his life that now hang in the English Gallery of Norwich Castle Museum for any interested Guy's person to see and enjoy.



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Snippets from a Dentist's Diary: Part 1

by E. C. Hammond, LDS, RCS

I kept a diary of odds and ends during four years, 1967-68 and 1971-72. In order to make a coherent and continuous account I have grouped the items into categories, such as: Children; Staff Matters; The Weather; Strikes; General Anaesthetics; The Surgery Garden, and so on. Names are of course altered or omitted.

Broken Appointments. There are numerous ways of doing this, viz:

May 1st. Thought I knew all the different ways of not keeping appointments, but I obviously don't. Mrs. Gormless had a card with May 11th clearly inscribed. The card had lines numbered 1, 2, 3, 4 for up to four appointments. She looked at line 1, decided this meant May 1st and duly arrived with five small children. Thought it less trouble to see her than to argue.

June 10th. Mrs. Jopling is one of those social butterflies for whom no appointment is ever right. After two lengthy and argumentative telephone calls trying to alter Patrick's appointment she eventually decided to leave it as it originally was, but; June 11th, Patrick's appointment cancelled, see note above.

August 30th. No less than 24 broken appointments today, surely a record even for the school holidays. We will have a ruthless weeding out ready for December holidays.

November 18th. Am bored to extinction by motorists who arrive very late and say in excuse that the traffic was bad. It is high time motorists realised that the traffic is always bad and gets worse all the time, and due allowance should be made.

There was the young housewife from Cheam who had taken an appointment for December 16th and duly wrote it in her diary. Unfortunately this was last year's diary and she consulted it and arrived a day late.

The Weather. January 9th. A moderate snowfall threw the transport services into the usual chaos.

January 12th. After a gas session noticed a large smear of blood showing up nicely on the snow on the front footpath. Reception washed it away with a bucket of water, thereby turning the snow into a sheet of slippery ice. Later, tracked a trail of red spots down the road as far as the saloon bar of the "Grapes".

April 2nd. Another heavy snowfall has I think ruined a possible good crop of apricots.

July 9th. A heatwave slows down the work. One can't win.

Strikes. In 1971-72 there were post office strikes, miners' strikes, power cuts and North Sea gas conversion, which prompted these observations:—

December. A week of power cuts is threatened by the electricity workers' go-slow. We shall take very little notice. The gas is lit in waiting room and surgery. The Aladdin pressure lantern is placed on the bracket table in front

of the patient. The foot engine comes out of its corner. The anthracite boiler and gas steriliser continue to function normally. I was mildly amused, however, at the complaints of some colleagues with ultra-modern all-electric surgeries who simply had to pack up and go home, having no idea when or for how long the power would be off. We think of ourselves as ancient and modern, having both sorts of equipment, which is occasionally very useful.

January 13th. Miners threatening strike. Have oiled the foot engine again and got a new burner for the paraffin pressure lantern. Next Wednesday the post office strike starts, with a phone call from the Section Secretary telling me that the Executive Council will run a van to Eastbourne on Wednesdays with estimates and correspondence. Their office is at North Cheam, being conveniently a quarter hour by bicycle or about the same by car, allowing for failure to find parking space anywhere near. The following Tuesday, off to E.C. offices with a load of estimate forms from self and a few local colleagues, for Eastbourne. Was agreeably surprised to find the January schedules ready for collection, with a small amount of return mail.

February 1st-2nd. Our amateur postal service is efficient and cheap. Reports from the two local hospitals arrive by hand. Taking my recall reminders round, a few at a time by bicycle, is giving me a good knowledge of the labyrinth of roads at the back of the town. Next day, off to North Cheam again with a load of mail. The postal strike has been pure gain so far except for a few long distance patients whose reminders had to be delayed. The power cuts work out very well; the foot engine revolves rapidly and work has scarcely slowed. A week later the postmen are back at work for 1st class mail only. I refuse to be blackmailed into paying more than necessary for the 95 per cent of mail which is non-urgent, and pending the reintroduction of second class service will continue to deliver by hand. Took a final load of mail for self and colleagues to the office at North Cheam, for delivery to Eastbourne. A pity these arrangements cannot continue.

A few days after the postal strike ended received four British Dental Journals, three *Guy's Gazettes* and two *Probes*. Rather an indigestible mass all together, regrettably I shall probably skip most of it.

The North Sea Gas conversion started in September. We continue to work as usual. The methylated spirit burners sterilise and boil kettles very quickly, although a bit slow for warming wax knives. We have a large number of gas appliances, viz: – three fires of varying ages; three emergency gas lights; two burners for wax work; gas poker; gas steriliser burner; gas ring for tea kettle, very important; gas blowpipe. The conversion finished at the end of the week, and work never stopped or slowed down.

Staff Matters. January, 1968, morning reception tells me she has lost a stone and a half since coming to work here. Not sure whether to take this as a compliment, but she seems pleased. In March, noted one of those rare mornings when everything goes like clockwork and all patients are seen dead on time. Next week morning reception produced the following gem: –

Reception: "There's a little boy outside with some teeth coming through the roof."

Associate, glancing at ceiling: "Oh, did they drop from an aeroplane?"

Reception, turning puce in the face: "You know perfectly well what I mean – the roof of his mouth, of course."

Also in May, vastly amused at secretary and a former neighbour chatting away happily about each other's children and grandchildren. No one would think, listening, that they really can't stand each other and used to be deadly enemies when neighbours.

Minor difficulties in June, a record card was misfiled and it took quarter of an hour to find. I am sure some trouble stems from the fact that morning reception will not wear her glasses, thinking them unbecoming. After a short break found seven emergencies waiting as I arrived. Aforesaid reception is rather vague in distinguishing between the urgent, the impatient and the plain unreasonable. The current heat wave does not help.

Yet again morning reception: David sustained a fearful blow under the chin, and I was informed that a front tooth had a hairpin crack. Suppose she means hairline.

September, secretary, raking through the accumulated paper on my desk, came upon a brochure from Horizon Holidays. "What's all this rubbish on the desk, Mr. H.? Horizontal Holidays?" Told her I thought it was a good idea. Later, criticising a precocious little beast who attended the same ballet class as her small daughter: "Oh, she thinks she's the prima bella donna."

On November 18th, 1971, my charming and efficient D.S.A./ receptionist/secretary had been with me just 20 years. Doreen was with me up to my retirement in August 1983. We keep in touch.

General Anaesthetics. Of recent years we have only used gas and oxygen, which is of course not suitable for every type of patient, and hence may give rise to some odd situations.

April, gas morning is always very busy during the school holidays, but secretary had found a baby sitter and came in to help. Everything went like clockwork.

July, Mrs. Dean after eight extractions with a very smooth anaesthetic, woke up slowly. She fought, struggled, shouted, kicked the receptionist on the shin, yanked the arm rest off the chair and slid on to the floor. We lifted her back onto the chair and informed her that she had had some teeth out and was just waking up. "Oh, have I?" she replied in vast surprise. Asked further if she had had a nasty dream, she said "Oh no, it was beautiful!" It appeared that she thought she was someone else. Hope she can fathom out the intricacies of her own subconscious.

August school holiday gas morning ruined by screaming 10 year old, who made the most appalling fuss. Unfortunately we couldn't shoo her out as we had to see her five-year-old brother who didn't scream but swore. Mother, a weak creature, fussed ineffectively, and I thought the cat's chorus was never going to stop. This of course upset the other children waiting,

two of whom were in a state who would have been perfectly good if it hadn't been for the fuss. The worst morning for some years.

But . . . postscript to the above, five days later. The horrible screaming children of last Friday came in again, with mother. They were laughing and chattering as happy as possible and gave me a bunch of flowers they had picked for me. You never can tell.

September 22nd. Gave a straight gas this morning, the first for many years, for a small girl with abnormal nasal base formation. In my experience most cases of nasal obstruction are due to catarrh or imagination, but there was no doubt about this one. Wondered how some of our well-known consultants would have coped.

Another trying gas morning in October, with screaming children, teeth which refused to budge and one patient whose arrival was not noticed and who sat in the waiting room for an hour.

October. Mrs. Clarkson, having gas, kicked the heels off both her shoes, causing her to adopt a somewhat Charlie Chaplin gait on leaving. Mrs. Moody, with high blood pressure, said she had been told never to have something but couldn't remember what it was. Gas?? Another rather prim middle aged lady on waking up said, "Oh, I'll have a pint please." We looked hard at her, stifling mirth, and she blushed slightly and added, "Oh, I thought it was the milkman." There was also the man who complained of toothache but asked us not to examine his teeth until he was under gas. This aroused my associate's suspicions and it turned out that he was addicted to N_2O and does the rounds of dentists in different areas. There have been warnings about him in the B.D.J.

I hope it will not be deduced from the above that a fracas is a common occurrence with gas and oxygen anaesthetics. On the contrary, such episodes are exceedingly rare if the anaesthetist knows what he is about. These few incidents should be set against the tens of thousands of anaesthetics I have given over the years, which is why they were noted as unusual.

Guy's Hospital Gazette



We should like to remind our readers that all copy for inclusion in the "Gazette" must be received 15 days before publication. Copy dates for the next two months are March 20th and May 8th.

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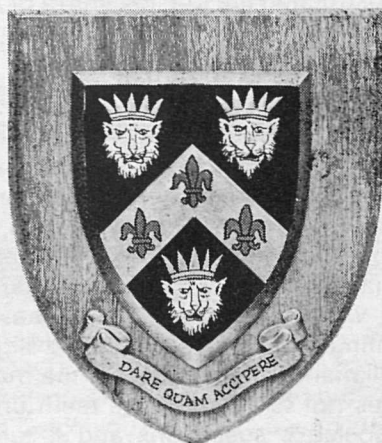
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Mole and Ratty

Mole

Mole felt the urge to end enforced hibernation at the old *Alma Mater*. He needed to survey the scene and to ask his questions. The chill factor was high at Lewisham and North Southwark, but he decided to brave it like everyone else. Things looked much as usual – the Park festooned with sign-posts, bicycles chained to the railings like so many bespoke Mrs. Pankhursts, and the Tower chimneys sending smoke signals of distress to the City (? No Smoking at Guy's). However, he had heard some shock horror rumours too. Was it true that the Elephant men were being refused Honorary Degrees at this Centre of Excellence? – and not even awarded a Golden Disc for the Front Quadrangle! And with the freezing weather, was it true that there had been a leak at Area? Not another Mole! Was it just a strange coincidence that the arrest of Cardiac Surgery hit the headlines on St. Valentine's day – a day already renowned for other massacres? Oh well, thought Mole, we could make things even more cost efficient by having no patients at all. If it came to that we could at least end up by looking after each other instead. And talking of that, he had heard rumours that the Monkeys were to be seen in the Conservation Room having treatment for dental decay. But was it wise to poison the Mars Bars? The monkeys and other animals might have eaten them. And what about his young friend Ratty? He knew for a fact that he was addicted to Mars Bars. And where was he and what was he up to?

Mole in the Park.

Ratty

Ratty had been spending the winter months looking carefully at what had been going on around him. With his lively intelligence and keen eyesight he had observed rather more than poor old Mole.

What had struck him most forcibly as he scuttled about the underground passages of Mr. Guy's Hospital and School was the contrast between the two. In the hospital he found conditions of barely describable grottness. Paint peeling off the walls, notices pulled down, other flimsy, hand-written notices stuck all over the place, litter scattered around, graffiti everywhere, and a general state of decay and disrepair with no-one apparently taking any interest. In the medical school on the other hand, he found newly painted walls, gleaming floors, everything in a pristine state (Mole might not know what that means) and obviously carefully looked after.

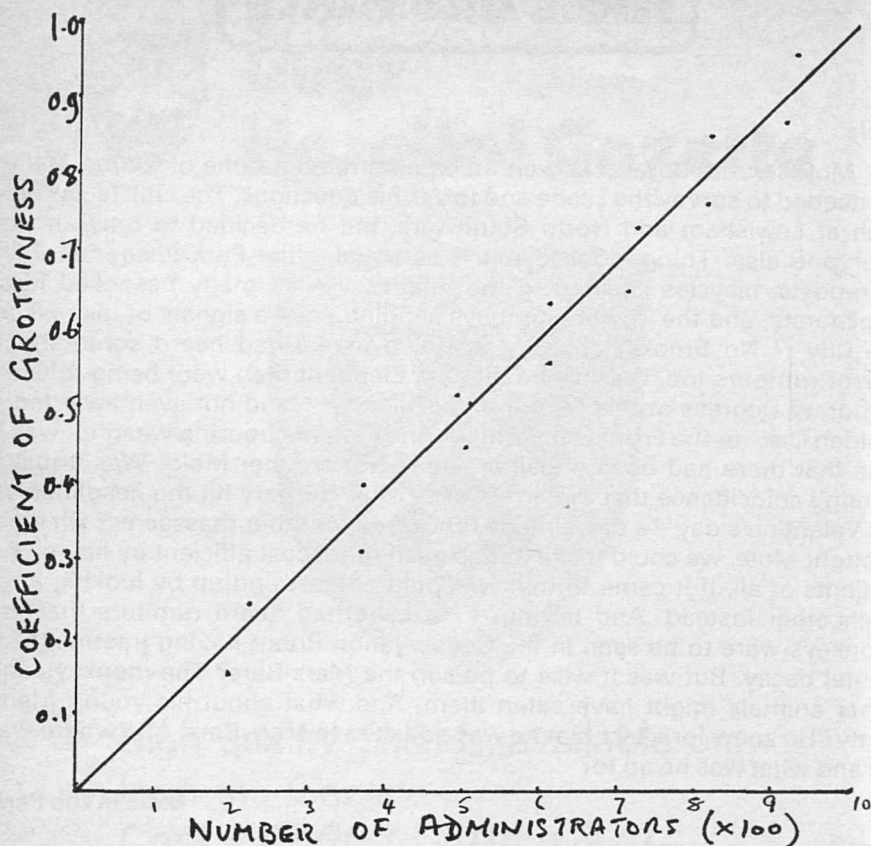


Figure 1. Ratty's GROTtnESS GRAPH.

Ratty had reflected on this phenomenon and tried to discover why there should be such a difference; after all they were both busy premises and he knew they were both equally short of funds. He did some research. He investigated a number of variables and was struck by the small number of administrators in the medical school (1 or 2) compared with the hospital (more than 100, and perhaps infinity). This gave him a correlation coefficient of +1 (Fig. 1). He decided to report this piece of research at the next meeting of the M.R.S. (Medical Rat Society), but allowed Mole a preview of his findings.

Ratty by the River Bank

Physiotherapy

Cold as the hairs on a polar bear's, er, tum; cold as a whole massage class of women after they have come into Shepherd's House and been invited to undress for practice in a classroom where someone inconsiderately left a window open the previous day. It has – you may have noticed – been cold. We reached a state where the clerks wanted the doors into the Reception area from the Treatment Rooms kept closed because of the cold draughts that were blowing into their working space. It is not recorded how many outpatients were offered cold therapy by local application of ice-packs as a bonus on top of their cold therapy by general environment, nor is there a register of those who made a heated response. At a guess – long-suffering as Guy's patients are, matched only by their immortality – before fading away they may have remarked that their numbers are broadly equivalent to those who come for heat treatments during hot spells and who make icy responses to suggestions that they might do otherwise.

What gives one pause, however, during one's frenetic attempts to keep warm, is the thought that by the time this appears in print, business will be booming, as plasters applied in January and February will be ripe for the removing and a succession of scaly, enlarged, stiff and painful joints will be making their way up the footpath – which presently resembles the beach at low tide at the late-lamented Craigwell Bay.

Could we have saved our patients – and ourselves – some protracted rehabilitation in March and April by some advice and prophylactic exercise in January and February?

We are apt to whinge in a mild resigned sort of way, about the patients with a stiff this or that who have religiously kept immobile everything that might have moved in the vicinity of an injury, because no one told them different. Would we be more plaintive yet, if we got lumbered with every outpatient with an injury – those who would get better anyway as well as those who would not? Who knows? Who knows about them rather more importantly than who knows about us.

It is true that we will, four or five weeks from the time of writing, be receiving to-and-fro's for patients whose disability might have been minimised by earlier treatment. It could also be true that we might have had to say that they must wait a bit longer because we are snowed under by all these people who collected their fracture today or the day before and who need to be advised and taught a few simple exercises. How cost-effective is the one and the other? Perhaps the answer will be revealed as the PACTs are drawn up and sealed.

Meanwhile, you would be well advised to confine your personal injury to the tip of an index finger, or anyway nothing less peripheral than a wrist or an ankle, until the mercury in the Treatment Room thermometer emerges from its reservoir. Even then some enthusiast is likely to have you stripped to the waist, up or down, to make sure the rest of the limb is undamaged on examination. Even if it is frost-bitten afterwards. . . .

Ronald J. Cooper

Wolfson Man – Æsop Æsthete examines the intriguing world of this little known creature

There are two main aetiologies recognised for causing a chap to become the phenomenon that is Wolfson Man. Firstly, there is the student who is incapable of finding any other students prepared to share a flat with him, even if he owns it and is prepared to give rooms free. Secondly, there are those who have, however briefly, shared a council flat, but for various reasons their social leprosy has forced them out. These reasons range from total refusal to pay rent through to those whose personal eccentricities of hygiene are so extreme that short of calling in Rentokil, the others in the flat have no option but to cast him out on to the chilly wastes of Bermondsey.

With that sort of catchment pool one can readily appreciate why Wolfson contains within its not insubstantial walls the medical and dental misfits who would otherwise be enjoying the hospitality of the Salvation Army or living in Tubercle Towers in Tooley Street. Worse still, I suppose, they could end up in St. Christopher's. Sharing Wolfson's tropical microenvironment are assorted (assaulted?) nurses, physios and radios – ready at a moment's notice to supply whatever therapy Wolfson Man needs. Owing to outrageous claims that this column has been guilty of sexist remarks in its otherwise spotless past, I shall make no gesture, other than a knowing wink, to readers as to what form that therapy might take. Enough said.

It is certainly true that Wolfson is convenient. A quick march down the Concorde-testbed wind tunnel beside the Tower, and one is immediately surrounded by the scurry of activity that is concomitant with a pack of eager porters, a throng of tittering nurses, or a morasse of melancholy medics.

Back inside the building. WOLFSON O E (as it must now be called as some wag has nicked the H, U and S) is a collection of Englishman's Castles, or boxes, surrounding a central core of essential facilities, such as a toaster and can-opener. Provided, too, are enormous TVs, which would not have shamed a Genesis concert. On each floor, too, is a telephone. This is an internal phone, so one can't ring outside the hospital (Wolfson Man does at least have family he may wish to contact outside, if not friends). To ring out, one must troll all the way down to the Card Phones on the ground floor. These phones are a novel variant on the standard, boring phone people are used to. For the uninitiated, or those too nervous to use them, these phones require a card, for which one pays 10p a unit. 40 units for £4, etc. Usually, the boring, standard phone will dock one unit when your connection is made. Not the phone provided for Wolfson Man. This specially adapted model can recognise profligate students when it sees them, and will, quite without warning, chop off up to 10 units, and, occasionally, even wipe out a whole card. Naturally, there is no recourse if this happens to you, as the fallibility of these machines has not yet been accepted by British Telecom. My cautious suggestion that each floor should have a dial-out-from-it-able telephone was received with such outraged disbelief by the powers that be, that as a peace proposal I promised to revert to using smoke signals and tom-toms.

I feel I have rather strayed from the point. Let us return to Wolfson, upstairs, and let's pretend we are flies on the wall at that not infrequent tribal ritual, the Floor Party. Now this is not a party as you and I would expect. I mean, at *our* parties we don't get irate final year medics telling us turn off the music at 8.30 – this *p.m.* and not even *a.m.* Nor do we expect our parties to be fair game for gate-crashers, not just from Guy's, but from the whole of South-East London. This brings on a certain resigned affability in Wolfson Man. To be certain of having a good time, he ensures that he is absolutely newt-like by 6 p.m., by sozzling his neurone – spirochaete – neurone CNS to such an extent that he may even end up hurling obscenities at womb-plucking consultants who have, rather unexpectedly it must be said, dropped in on the proceedings.

At the end of his stay, Wolfson Man will wish to make his indelible mark on the building, or the pavement outside. Lobbing fire extinguishers from the 13th floor has at last been abandoned, though presumably not due to worries about the safety of pedestrians, probably more to do with the resulting shortage of projectiles than social conscience.

I hope that this second piece of contemporary history in the making will fill a greatly felt need for hospital commentators, and will act as a warning to anybody thinking of taking up residence in the hallowed hall.

Æsop Æsthete



Guy's Hospital Gazette Prints

The *Gazette* has produced full-size photo-facsimiles of five pen and ink drawings by Hanslip Fletcher of Guy's Hospital and its environs, on matt-finish high quality paper suitable for framing. Prices include postage and packing.

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The Bore Report

Continuing, by popular demand, the informal, bigoted and progressively less coherent remarks of our resident alcoholic Cedric Bore. All information gratefully received. Any resemblance to any person living, or preferably, dead is accidental, and in many cases deplorable.

I was privileged to be present at the scene of the two recent epic Rugby victories over that Smalltown St. Thomas's lot. Apparently, the night before the 1st XV's clinical disposal of the opposition, some raggars from Guy's (we seem to be the only Hospital left with any flair for that sort of thing) did us all proud in removing a St. Thomas's honours board dating back to 1895 and worth a considerable sum of money, from its resting place. The fact that it was removed, I am informed, from directly outside the bar, only serves to teach that lot a lesson for shutting their bar before 10.30 p.m. An unexpected drop in blood alcohol recently precipitated a visit to the St. Thomas's bar, only to find it just about to close at the horrendous hour of 8.30 p.m., and my contact informs me that this was actually quite late for them; no wonder they can't muster the semblance of a rugby team. Returning to the question of the honours board, apparently Tim was woken by Brian at the crack of dawn, over the 'phone you understand, demanding the return of the thing, and threatening the expulsion of Guy's from the Hospitals' Cup. In order to avoid unnecessary embarrassment, a crack Guy's squad, masterminded by new president Elaine Parsons, managed to elicit the whereabouts of the trophy, and returned the offending piece of wood to its whingeing owners. I don't know what they are complaining about as it was alleged to have "United Hospitals" embossed on its crest. After all this unnecessary fuss it was pleasing to witness the total humiliation of the St. Thomas's team.

In the bar after the game I witnessed a rather embarrassing scene between a consultant and a student who gave the impression of not being entirely happy with his sign-up. I understand the perfectly reasonable offer to discuss the matter at length with the student under less ethanolic circumstances has still not been taken up.

The second match provided no shortage of incident both on and off the field. In appreciation of our full-back winning the match for us some rather unrestrained consumption was exhibited by two latter-day heroes. The anniversary of the introduction of edible toilet blocks to the extensive range of bar snacks was marked by an unconscious left lateral inversion of Dyer and a side-on full frontal prolapse of Thomas. Concerned onlookers maintained airways, but the predilection showed by Charlie's hand for Richard's bottom was all rather disturbing. For the sheer technical brilliance of Bob's performance he has been elected the first B.P.O.T.M.

The traditional clothing that was previously considered as essential for a visit to H.Q. has now been superseded out of necessity to maintain one's core temperature. Umbrellas, mackintoshes and wellington boots have now been replaced by balaclavas, fur coats and mittens in an attempt to protect oneself from the Bar's current mean temperature of 26° Fahrenheit. The pitiful scene of a dozen regulars huddling around the one available radiator has become a common sight. Indeed, people have been observed queueing before opening time in order to attain this prime spot. Bar staff have described orders for soup as optimistic. The frightening prospect of one's pint freezing over in the glass has become a real possibility. However, personal research has shown that if one allows no longer than ten minutes per pint then one has at least a reasonable chance of it remaining semi-liquid.

I am delighted that the relentless march of medical progress has left some surgeons at Guy's relatively unscathed. Send your answer on a post-card if you can identify who said: "What's all this nonsense about cimetidine for ulcers - I'm not afraid to wield the knife."

I have noticed that the efficiency of the Bar with regards to regular opening hours has greatly improved with the election of new Bar Secretary, Chris Redman, and the welcome appearance of attractive female Bar staff has added that little chauvinistic touch that I am wholly in favour of. Keep it up girls. Having praised recent improvements in the Bar I feel it is apt to point out the inefficiencies that still exist. The days are sadly passed when one could survey the range of pumps available and be confident that the prospect of sampling each one at least once during the night was a real possibility. A man is specifically on the pay roll of the Clubs' Union to serve this very purpose, and the fact that this duty is openly neglected needs some investigation.

Have you tried to get a game of snooker recently? The other day, on opening the door of the snooker room, I was greeted by hoards of Freshers brandishing two-piece snooker cues with smug expressions on their faces, and informed that if I had the audacity to wait for a table, I would be thirteenth on. Does the biochemistry department not realise that a large proportion of the first year miss every single lecture in their fruitless struggle to reach even an acceptable standard of play? Hopefully, Eli's new system will return that previous bastion of tranquility to its former sanctitude, and the sciving Freshers to the lecture theatre.

Having reported Frankie's triumphs at the card table in my last sermon, I am now able to relate a rather different outcome of the latest marathon. Apparently, Mr. Poker arrived in from outside town one frozen Saturday afternoon, and relieved him of his entire coup. The unconcerned expression on his face later in the Bar that night adds weight to the theory that he is in fact a compulsive gambler well beyond redemption. On the subject of gambling, it is rumoured that if Guy's beat St. Mary's in the semi-final of the UH Cup, then Gavin Stokes stands to lose about £150 – so come on lads.

Do you remember that bearded chap who embarrassed us all during the boat race with the Freshers during the trials this year? Well, I'm told he's been at it again. As one of an inexplicably large number that braved the elements to grace the Brighton-bound 21st of the Fat Man, our weak-stomached friend found himself placed on a table of protagonists, not exactly known for their table-manners and polite conversation. My infor-



"What is this? Caption Competition replies to Cedric, c/o Gazette"

mer tells me that during a pleasant speech by the host's father, his pyloric musculature yet again responded to an ectopic stimulus from his CTZ and the evening's indulgences were revealed for all to see. Stemetil is obviously an essential part of a winning captain's kit bag.

Music lovers will be pleased to hear that our own Bob Knight has at last taken to the stage. Indeed, so powerful was his rendering of "Roses of Picardy" that one of the audience was moved to tears.

The Beeb are back in town, and have been filming the sprogs up in the Tower. Members of the paed's firm were a little disenchanted when the producer told them they could not join their ward-round, as this would look "too crowded" for the viewers back home. Another Auntie warts-and-all exclusive will be on your screens soon.

Diners-to-be at The Royal Lancaster Hotel are strongly advised to take sandwiches after their successful mass-poisoning of about 600 out of 700 revellers at this year's Dental Ball. Wolfson House verily hummed the following day, interspersed with the enthusiastic scrapings of stool sample collections. Will diners get a refund? And will the Dental School deny rumours that this was all part of a dastardly plot to rid this country of surplus dentists in one fell swoop? Apart from that, apparently, it was a splendid evening; however, asking students about the evening (ignoring their D and V), proved to be as tactful as asking Mrs. Lincoln: "Apart from that, how did you enjoy the play?"

I hear that the student body, and indeed everybody at Guy's, is to be issued with American-style identity cards, with photographs. One can't help wondering how the senior consultants at the hospital will take this affront to their anonymity. Will George show some style and have his portrait painted?

I hear our beloved Dean, Dim Spark (an old joke, I know) was spotted recently in the Tommy's bar. Will anyone (Gavin Stokes?) offer me odds on Brian reciprocating this honour?

Students, and Wolfsonites in particular, were dismayed to find the Nurses' Home dining room sealed off by the Lewisham and North Southwark Praetorian Guard. Were they protecting the young ladies? Not a bit of it – they were preventing good, honest students from pillaging the subsidised food there. These poor waifs have been driven away from Boland House by exorbitant prices and indifferent meals treated by cryotherapy. A recent scare, when a highly-respected (his words) medic thought that he had eaten most of a cockroach, was finally laid to rest by the Anatomy Department. The piece thought to be the animal's back, and the only piece not guzzled by Chapeau in his haste, was shown to be no more than a strip of vulcanised onion skin.

I presume that the after-effects of the Ball were entirely to blame for Guy's students failing to field the expected 200 for the Evelina walk. Informed sources put estimates of 15 students as "optimistic". It would appear that the only thing alive and well at Guy's is apathy.

Finally, I was honoured to be appointed judge of this year's Guy's Craft's Show. After careful deliberation, I awarded Best in show to the white-crested Pekinese, with the black miniature poodle as reserve.

Cedric Bore.

Correspondence

Fly Fishing Club Ball

Dear Sir,

May I take this opportunity to thank all those who helped in organising the recent Fly Fishing Club Ball. Clare Howard, who has already excelled herself with culinary masterpieces at the BMS party and various Quadlibet Society events, did a superb job in producing a meal which few can argue was excellent.

I am also eternally grateful for the help freely given by Jennifer Evans, Helen O'Brien, Mandy Haywood, Juliet Bunn, Helen Parsons and Bridget Harrison who helped with chopping the vegetables and cleaning up.

May I also thank those who helped with general preparations and the serving of drinks, notably Richard Capp, Mark Pritchard, Graham Smith, Robin Russell, Gavin Shannon and Rupert Beck. They did a fine job ensuring adequate fluid was received.

Thanks, too, to Mr. Robinson from Boland House catering for all his cooperation.

May I finally thank the MDU and the MPS for their kind sponsorship of the Ball. They helped to keep the price as low as possible for the frugal students in these times of fiscal hardship.

Yours faithfully,

C. J. O'BRIEN

Secretary, Guy's Fly Fishing Club,
Boland House

Eddie McCormick

Dear Sir,

I recently heard from Mrs. Mary McCormick, widow of the late Eddie McCormick who died on 29 September 1983. She wished to be remembered to her husband's many friends at Guy's.

A suitable appreciation of the great service Eddie gave to Guy's was never sent to the *Gazette* because of a misunderstanding. Many people will wonder why, because he was a popular and efficient member of the Hospital family who served it with distinction for over thirty years.

Eddie worked in the Catering Department in various capacities eventually being appointed Catering Manager in succession to Mr. Kingston in 1968. Under his guidance the standard of service provided by his Department improved in every way. He was responsible for the implementation of the decision to introduce the Ganymede system which vastly improved the patients' choice and standard of food. Office work was a chore which had to be endured but he loved to supervise personally the catering for some special function and to chat with his many friends amongst the Governors and Staff. The Sisters' Dining Room, which for many years had the justifiable reputation of serving the finest food in the Hospital, was his particular pride.

Eddie was an active member of the Hotel and Catering Institute and the International Academy of the 'Chefs de Cuisine'. In June 1977, he was one of the select few members of the Hospital Staff to be awarded the Jubilee Medal. His main sporting interest was bowls for which he represented the County of Surrey.

Despite considerable ill-health, which he met with courage and determination, he was invariably courteous, helpful and enthusiastic, but it was his personality which was capable of making any company he hap-

pened to be with that much more enjoyable. He had a delightful sense of humour and his willingness to help played a significant part in making Guy's a happy place in which to work and a more comfortable place in which to be ill.

I am grateful to the Editors of the *Gazette* for allowing me to pay this belated tribute to a very good friend of mine and, what is more important, a very good friend of Guy's Hospital.

Yours faithfully,

PHILIP HELLIWELL

Brettes,
Monks Eleigh,
Suffolk

Student Grants

Dear Sir,

I read with great interest last month's *Correspondence* on the subject of student grants. The views expressed would have been funny had they not been so serious.

To claim that the poverty of clinical students is due to parents wilfully withholding their contribution to their children's grants in order to go gallivanting around the continent of Europe (or indeed the Middle East) is arrant nonsense. A recent survey of London medical students showed that the vast majority of parents do make up their contribution, yet over 50% suffer some form of financial hardship.

These findings support the basis of the clinical Students Grant Campaign - that clinical grants are calculated unfairly, causing undue strain on our bank balances. In future, all students should be paid at the same weekly rate. This is a campaign for parity with other students, hardly an extreme demand.

Your correspondent suggests that clinical students could supplement their grants by taking part-time jobs. In most cases this is not realistic, since holidays are very short and working hours during the week are irregular. Also vacancies are not exactly thick on the ground at the moment, and to further suggest (as your correspondent does) that there are plenty of jobs to be done if only we weren't so fussy is, frankly, grossly insulting to the four million unemployed in this country.

Yours faithfully,

I. H. JENKINS

Boland House

The success of Guy's sports clubs alluded to in the last issue has continued unimpeded over the last month. Although the programme of outdoor sport has been severely curtailed by the weather recently, some important advances in cup competitions have been achieved.

The Rugby Club is through to the semi-finals of both the 1st and 2nd XV competitions by virtue of a twin victory over St. Thomas's. The next round holds the delights of meeting Mary's, winners of the senior competition over the last two years, but anything is possible especially if our support is good enough. Mary's did, however, look impressive in crushing George's to reach the semi.

The Football Club has continued to look impressive with the 1st team still heading their league and the 2nds top of their league, in the semi-final of the ULU reserve cup and in the final of the UH Cup to be played on March 13th.

The Ladies' Hockey Report which was omitted from the previous issue is included in this section. I sincerely thank those members of the club who told me how to do my job, and if you read the witty report contained later, I'm sure you'll think they were justified.

CFEP

RUGBY FOOTBALL CLUB HOSPITALS' CUP Guy's 25 St. Thomas' 12

By the luck of the draw, Guy's 1st XV had been drawn against our friends, colleagues, poor relations, call them what you will, from St. Thomas'. Their amalgamation with Guy's has done nothing to dampen the rivalry which this fixture normally excites. Faces normally seen ensconced in the bar, braved the elements, if only temporarily, in an effort to get fit for the match. Michael Seare, a well known blot on the horizon, led by example, limiting himself to a meagre ten pints of J.B.T. per night and reducing his phenomenal intake of curries to just six a week.

By January 12th a team had been selected subject to availability, suspension, and whether Meharg could be dragged out of the bookies for the afternoon. A team which was by no means the largest which Guy's had put out, but a team full of spirit and an almost frightening determination to win at all costs. Good support was expected for both sides, and it was hoped that in the interest of Rugby and fair play the disgraceful scenes witnessed at the Barts match last year would be repeated.

The game kicked off at a furious pace, both sides running the ball in classical fashion. Tommies took the lead after 20 minutes through a penalty somewhat against the run of play. The crowd, whose number included a particularly strange fellow sporting green hair, were enthralled by the early exchanges. The Guy's contingent were louder, drunker and showered far more abuse than their counterparts, a fact from which we can all take pride. Urged on, Guy's battled towards the Tommies line and followed a maul five yards out; Docker, a player normally known for his laziness, dived over to open Guy's account. Hackett stepped up to convert. Just before the interval Hopley levelled the scores with another penalty goal. Early in the second half Guy's began to get on top. The front five toiled at both ruck and maul to provide the backs with good possession. The back row of Watts, Smith and Meharg were quicker to break down than their opposition. This laid the foundation for a wonderful second half display. "Laughing Boy" Huge Poole launched another attack with a huge punt into the box. The Tommies full-back graciously leaped out of the way to allow Al Jones to dive on the bouncing ball to secure the lead once again. Hackett converted. To their credit Tommies replied almost immediately with an excellent try which Hopley converted. Hackett put Guy's ahead with a penalty going into the final ten minutes. Guy's did not rest on their lead and despite pressure continued to run the ball with flare. Coleman, an underused winger, received the ball inside his own half, kicked ahead, and chased optimistically. His pace had Tommies floundering and he controlled the loose ball to score in the corner. One

wonders whether he would have made it had he not been chased by the entire crowd under the stand, led by that mysterious chap with green hair. In the dying seconds, Dock-er, who turned in a well good performance, showed that his talent on the rugby field belongs in Hollywood not H.O.P., and managed to convince the referee that he had been obstructed from scoring. The referee who probably won't be judging this year's Oscar Nominations, awarded a penalty try which Hackett converted to make the final score 25-12.

A fine performance by Guy's on the field was followed by an equally impressive display in the Bar. Victory tastes so much sweeter when washed down with considerable amounts of alcohol. Special note must be made of the dwarfs in the second row. Pat Davies and Charles Beardmore, despite lack of height, made an invaluable contribution to the forward effort. If only Charles could adapt to being the idol of every red-blooded female at Guy's.

Team: Mike Hackett, Davies, Leigh (Capt.), Jones, Coleman, Docker, Poole, Parry, Dixon, Seare, Davis, Beardmore, Meharg, Watts, Smith.

P.S. The exact identity of the chap with green hair has yet to be established. However, his disruptive influence on Guy's support makes his presence at the next round an absolute necessity.

Cincinnati Kid

RESERVE HOSPITAL'S CUP Guy's 12 St. Thomas' 9

After the sterling effort of the 1st XV the previous week the 2nd XV were out to emulate and better them. Immediately the pack rampaged up field to be awarded a penalty, which Mark 'Cool' Dinwoodie elegantly stroked away. This rocked the St. Thomas' side which was brimful of confidence; some in the crowd suggested overconfidence. The Guy's pack which was giving away at least six stone a man (bring back the fat captain!?) were not lacking in height due to chromosomal abnormalities and sunny electives, and succeeded in dominating line-outs. With thunderous kicking by our outside-half (he must have Welsh blood) play was mainly in St. Thomas' half. Fine marauding work disturbed their fly-half both mentally and physically to such an extent that he tried to kick a penalty from nearly in his own half. Just before half-time the back-row once again caught their fly-half in

possession, and, after a fearsome ruck and a flowing movement down the left flank Richard Thomas bullocked(?) his way over the line, crushing and depressing their No. 8.

The second half was mainly a spectacle of enormous kicks and abuse from the St. Thomas' supporters. Occasional flurries of activity protected the wingers from hypothermia. One unwise St. Thomas' back tried to run through John O'Brien doing his convincing impression of a brick wall. Thomas' drew back to 12-9, after Mark "Taff" Dinwoodie had kicked another goal. Right at the death their supporters suggested that the referee should have played extra time when their forwards were apparently pressing; this, as the referee knew, was pure confabulation.

So Guy's ran out noble and elegant winners after a struggle in the least Olympic fashion. Onto the après-rugby and tradition. Richard Thomas - a first time winning captain - had the customary 8 gins. No effect. Later, during a scrupulously fair game of spoof Richard lost - 2 Bailey's, 2 Harvey's. No effect. The cry went up in the Bar - "Great win Richard" - 8 more gins. Total CNS failure. Thomas' tried to save some face by challenging our champ Dom, thinner and prettier than theirs, to a yard. Again Guy's triumphed, scotching all myth about our twin along the river.

N.B. The Thomas' supporter practising his rounders with a glass on the cricket pitch - it wasn't that embarrassing to pick up the pieces.

Does Charlie Pugh know the difference between the Bar and a toilet?

Team: O'Brien, McKenzie, Thomas (Capt.), Owen, Vickery, Dinwoodie, Flannagan, Pugh, Edney, Slater, Scanlon, Carruthers, Rayner, Francis, Ellis.

Arthur Arthroscope

Not the 2nd XV report A view from Westminster

After the recent flattering victory of the 1st XV over a desperately unlucky St. Thomas' team, the 2nd XV secured victory to reach the semi-finals just to show that there is no justice. An infinitely superior St. Thomas' side went down purely - as far as I can see - due to the referee's obvious bias which was painfully blatant to the Thomas' team and embarrassing to the Guy's supporters.

The Thomas' forwards played an inspired

game and must have felt cheated since their possession (winning 90% of the ball) was prevented from being converted to points by the shameful referee, Mr. Thomas Guy. The composure shown by the whole Thomas' side was admirable in the light of such unsportsmanship. Time and again the Thomas' backs notably Burke and Pratt, penetrated the Guy's puny defence, but were brought back for fictitious knock-ons and forward passes. The Guy's side were a shambles. A front-row unable to push a cardboard cut-out, a second row with all the jumping ability of legless pygmies, a back-row devoid of any sense of direction. The Guy's backs were as effective as a candle in a hurricane, but still managed a try through captain Richard Thomas who unwittingly crossed the line with the ball in pursuit of a rare butterfly. Dinwoodie converted it in front of the posts after the referee ordered the retaking of five previously failed attempts as the St. Thomas' team allegedly put him off by breathing too heavily.

This was a bleak day for referees and for justice. Well done Guy's.

Snake in the Grass

Reprinted from *St. Thomas' – the glory years* (any resemblance to persons living or dead is entirely groundless but think about it all the same.)

MOUNTAINEERING CLUB

The success of the annual dinner meet reflected the markedly increased popularity of the Club since last September. 34 brave souls left Wolfson in three minibuses at six o'clock on Friday. Delayed by the combined onslaught of snow, ice and Julie's Pantry the stragglers limped into Capel Curig twelve hours later.

Notwithstanding, Saturday morning saw a flurry of activity in the hut. Breakfasts were flung together, from five-course cholesterol banquets to luke-warm Cup-a-Soup (with croutons).

The group split up, some tackling Moel Siabod opposite, others being treated to a precision navigation exercise across some really nice bogs.

Everyone got back in good time to watch an amazing display of ski-jumping from Zurbriggen and Bartelski, ended by a rather too literal snowplough from the latter which destroyed the jump-ramp.

Down to the hotel for dinner, and a good meal was had by all. After dinner speeches came from Zurbriggen (succinct) and Bartelski (truly stunning). On retiring to the hut, Hamish's interpretation of the Dance of the Seven Veils (lacking only the veils) brought the evening to a close.

On Sunday morning, O/Cdt Bartelski left with his team to take Cnicht, "t'Welsh Matterhorn". Waseem spent the day on minibus alterations, with particular attention to the nearside indicator. Klammer did his thing on Tryfan North Ridge, whilst Richard and Gerry led a 2000ft poly-bag descent from Heather Terrace.

Sincere thanks must go to Will for all the driving, and to Jane whose frostbitten toes gave us all something to talk about.

Yeti.

On 8th February, 1985, at 6.00-ish three minibuses sallied forth to arctic wastelands of Snowdonia in search of snowy summits. At 1.30 a.m. the following morning two of the three minibuses were still negotiating an icy M54. The other, driven by more intrepid folk, had arrived at Capel Curig. The motley crew in the later buses exchanged witty repartee, songs, and recollections of best "phone books I have read" till five or six a.m. when they somewhat sleepily stumbled into "the Hut".

After a brief forty winks all arose to find themselves in a snowy solitude with Lynton Banks already attempting Olympic Slalom ski-ing in the immediate vicinity of "the Hut". Guffaws resounded about the surrounding peaks at his excellence and grace. Tobogganing ensued with juvenile good humour. Breakfast followed and the groups parted on various "walks, climbs, hikes", according to aptitude, insanity and fitness.

The group in which I wandered forth consisted of equal numbers of dental graduates and underlings. A suitable venue was found and the resultant snowball fight made *University Challenge* look like a picnic. On returning to the warmth of "the Hut" persons in various stages of undress were to be seen supping generous quantities of tea.

The Annual Dinner followed where the speeches were performed by the club's secretary and mascot. Being a recent convert to climbing circles I was relieved that they were short and jovial. Soon it was back to "the Hut" to sleep, drink or sing and dance (like a Zulu warrior in some cases).

The following day proceeded in a similar

way as the first with walking up hills and slithering back down again on bruised coccyges. Finally, all piled into the buses and ventured home in spite of warnings not to travel and news of motorway pile-ups, arriving safe and tired in London.

Fred

ASSOCIATION FOOTBALL CLUB

1st XI – Whilst the icy conditions continue to freeze the footballs off the proverbial brass monkey, the first team have frustratingly only completed two fixtures since the Xmas break. Fortunately, these matches have gone some way towards confirming the fact that (contrary to rumour spread by the second team) the firsts are capable of very good football, and should ensure winning their league.

Guy's 3 I.C. III 3

A lazy and complacent performance saw us behind three times against an inferior I.C. side. Understandably Tony was sluggish in goal. I suppose that's what you get when you cross The Cat with a dog. H-M spent too much time showing off his sun-tan, while playing as if he was still stoned. The match also saw the return of ex-ULU captain, Clive Archer. He showed his class, but unfortunately time (and several inches around the waist) have naturally left him short of match fitness. It took young, strapping Boyo Callaghan to impose some pressure – his only problem was how to dodge the hoards of young girls trailing after him – thankfully he found time to score spectacularly from the edge of the box. The highlight of the match was undoubtedly Kwesi's half-time team-talk – does anybody understand him? What do you do when trying to tackle a player with the acting captain yelling "shepherd, shepherd. . . ." Small wonder that we didn't win, we were running around baffled most of the time looking for lost sheep.

Goldsmiths III 0 Guy's 3

Meeting in Boland House at lunchtime, the Irish Fool pipes up: "I know the way". The following meandering route served only two purposes. Firstly, it enabled us to loose Boyo's screaming hoards, secondly it enabled us to diagnose Kwesi's terrible sickness – lack of alcohol induced dementia (L.A.I.D.), obviously. A bruising match finally got underway. The Fool showed us that he

has got some directional sense by calmly driving the ball in off the post from 15 yards. Tucker fell over the ball, his ankles, a couple of passing defenders and finally slotted the ball home for number two. El Nav made it three with a close range shot, subtly blasted at the defender on the line. Nick Tucker actually said something funny in the changing room; surprising – not only because he very rarely does, but also because someone else apart from H-M got a word in.

And so with six games left the firsts are ideally placed to win the division, whilst the seconds march inexorably towards a glorious treble.

Sam in a Van

GUY'S II – Up-to-date report

Guy's II started after the Christmas break with the news that we were top of the league. The first match was against UC V, our closest rivals, at Shenley. We were winners 5–2, with our centre-forward Mark Thatcher, fresh from filming for Spitting Image, bagging a goal. Dave Callaghan scored one from near the halfway line that fooled everyone, but most of all himself. Q.E.C. II next entertained us at Richmond with O'Hara and Woods making their debuts. A very old one returned from the grave to play at left-back, none other than the legendary Ed Rytina. After scoring an early goal, courtesy of P.M.'s son, we fell behind to trail 1–2; the sight of defeat was in our eyes for the first time since November 14th. However, Phil Price equalised and Chris Woods lobbed their keeper to make us winners 3–2.

Then came the UH Semi-Final against Mary's II. We started the game well with early pressure which saw a good move end with Neil Croucher deceiving the Mary's keeper to give us a 1–0 lead. Mary's pressed forward but did not look like scoring until the skipper tried to control the ball with his hand in the penalty area. The resulting penalty saw Mary's equalise at 1–1, which was the half-time score. Play was fairly equal in the second half, with perhaps Guy's having the better of the play. Our professional showed us how to win matches by taking a reverse somersault triple twist dive in the penalty area and obliging us by scoring for the spot himself to give us a 2–1 lead. Mary's were finished when two more goals in the next ten minutes were scored by Lewin and Harris; we ended up 4–1 winners.

In the post-match celebration Mary's were

disposed of in the boat race with ease. In the drinking games, Gavin "Scarecrow Brain" Stokes refused to drink penalties in case he was sick. Keith Screene, despite his four A-grade A-levels and two S-levels showed he has actually got two neurones, both of which are inhibitory. Paul Elphick was so bad at the games that it was decided necessary to give him half penalties out of pity. Incidentally, many thanks to his sister Mia who stayed up all night to look after him whilst he was regurgitating his stomach contents.

The last match played before the big freeze was against RHC III which we won 4-2. Keith Screene showed that his intelligence extends to his legs by putting the ball everywhere apart from in the Holloway goal.

The final of the UH Cup is at Motspur Park against the Royal Free Hospital on Wednesday, March 13th, K.O. 1 p.m. Support will be most welcome and coaches will be laid on to take supporters to the ground. Also, at the time of printing, we will probably have played our ULU Semi-Final, again against Mary's II and we hope to be able to report that we have reached the ULU Final as well.

Mark Thatcher's Mum.

MEN'S HOCKEY

Sutton Vallance 3 Guy's 1st XI 0

Well, this must rank as probably the worst day of the season so far. Previously unbeaten (old report) in the Kent league, Sutton Vallance should have proved no problem for a confident, goodlooking and totally unfit Guy's team. So what went wrong? Almost everything.

Did you know that Sutton Vallance is 60 miles from London; the temperature was -20°C; the monsoon rains commenced 5 minutes before the match, and to make matters worse it was the day after the Snowflake (see very old report). But enough of the excuses.

The plan was to meet in Boland House at 11.45. By 12.15 only half the team had appeared, so Neale "kept man" Calver decided to call upon John "where's the party

chaps?" Black, still asleep in his bed. Having scraped 11 keen? hockey players and a bottle of paracetamol we left 45 minutes late.

It seemed to take two days until we finally made it to the ground which resembled an NCP car park. Guy's started well, but Jeremy Gregg in matching pink shoes and hair failed to dominate as he had the previous evening. The first scoring chance came after 10 minutes when Robin "I'm not in love" Russell found himself in front of goal with the ball on his stick and the goalkeeper floundering on the floor. But with his mind on other things he tripped over his nose and failed to score. After this heads started to drop and it was only the brave play of Norm the Cat in goal which prevented the opposition from scoring in the first half.

In the second half things went from bad to worse. Glenn "smooth talk" Lobo held things together at the back at the same time as chatting up their female umpire. But in the end not even the Cat could prevent Sutton from turning their relentless pressure into 3 goals.

Guy's 1st XI 4 Kings 2nd XI 5

As the score suggests this was not a game of skilful defence and athletic goalkeeping although "the Cat" cannot be blamed for the poor showing of the Guy's defenders.

The afternoon started badly when Glen "Casanova" Lobo failed to appear as referee; John "Nice Shoes" Buchanan was very late and Tariq was still asleep. When the game started the opposition showed us that their hockey ability was slightly less than a herd of elephants, but to everyone's surprise the one with the long trunk and big tusks (not the author) scored after 2 minutes. We then realised that perhaps they weren't that bad after all - or perhaps we were worse. So we pulled ourselves together with Jeremy "Wobbler" Gregg dominating in midfield with Tom "Total Concentration" Brink. Goals then started to come; the first from a short corner scored by Brink; the second a pathetic attempt which just trickled over the line, scored by the author.

At this point most of the team joined Tariq in his state of unconsciousness during which time the opposition scored four goals - two legal, one through the side netting, and one from a very dubious penalty (who was that umpire?).

With 10 minutes to go we finally got things together. Iain "married man" Cranston scored two late goals but time finally ran out before we had a chance to level the scores.

So a rather dismal display by Guy's only 4 days before the start of our cup run(?) – more news to follow.

Edenbridge 3 Guy's 1st XI 1

Bad pitch! Terrible Referee! No Showers! Ugly opposition! Horrible tea! Poor losers! Sick! P.S. Alan was sent off.

U.L. Cup 2nd Round

Guy's 1st XI 0 U.C. 1st XI 1

After cruising through the 1st round (with a bye) Guy's failed to turn their total domination of this cup match into a victory. To document the game would be too distressing, so I have not.

U.H. Cup 1st Round

Charing Cross/Westminster 1st XI 2 Guy's 1st XI 0

Club captain Neale "Diarrhoea" Calver was reduced to tears after such an emotional game in which Guy's produced some of the best hockey for years. Unfortunately Charing Cross produced something a little better.

The opposition were undoubtedly the strongest team in London so it was with some trepidation that we set out to Cobham. The nerves were too much for skip, who was seen hurriedly running into most toilets *en route* (some feeble excuse of food poisoning from the Dental Ball).

So "Sickly Child" Calver was reduced to umpiring whilst Alain "Beer Belly" Cranston proved to all that he has taken over from the author as the fattest man in the club. But back to the game which Charing Cross looked like dominating after having all the play in the first 10 minutes and scoring once. But with rather more spunk than had been showed in recent games Guy's fought their way back into the match and were unlucky not to be level at half time.

During the interval Dickson joined Calver in the toilet while Simon "Iron Stomach" Portman-Lewis discussed his love of salmon pâté.

Guy's totally dominated the second half but failed to turn this superiority into goals. With Guy "More Beer" Thorpe-Beeston controlling the right wing and Ian "Late Boy"

Phipp, in probably his best game for Guy's, on the left we really should have scored. But sadly with only a couple of minutes to go Charing Cross broke away to score and thus end our chance of proceeding to the next round.

Heads were held high as we walked off the pitch (whilst Calver ran to the toilet again) in the knowledge that we had for once given our all.

Bitter & Twisted

LADIES HOCKEY

1st XI, Mid-season report

The results since our last inclusion in the *Gazette* have not been brilliant so we shall not dwell on them. Instead we shall bring to the notice of all the fine display put up by the team in the 2nd round of the cup. We played London Hospital 1st XI whose line-up included seven ULU players plus a Welsh International. Attempts by Susan Hamilton (ULU Fixture Secretary) to make sure ULU had a match on December 5th were unsuccessful so we had to face the full strength side.

We arrived at Walthamstow Central one player short – Fizzy Little had succumbed to the pains of a recent wisdom tooth extraction (*Had she? – Ed.*) We were also minus our usual goalie, Liz Busby, who was suffering from severe backache (from being dropped on her back, so she claims, by a young man who shall not be named). Ann Astbury, usually a forward, took Liz's place and put up a display similar to that of Peter Shilton on a good day.

The match was played on a pitch that was rather like reclaimed marshland that should have been allowed to remain a marsh. The first half was very equal, the forwards being unable to put the ball past the London goalie (also the ULU goalie). Carlie "Hotshot" Holden, however, did succeed a few tries but unfortunately put the ball past the goal as well (she often has problems identifying the exact position of the goal). The forwards were well backed up by the halves, whilst our defence battled well against the giant forwards on the London team. Sadly though, by half-time we were two goals down but were not feeling too pessimistic.

We fought well in the second half with everyone giving 100% and more. The London team were very physical – they preferred the method of tackling whereby the opposing player is hit or tripped up by the stick – rather than the more normal approach of just removing the ball from the player. However, Guy's players can be equally physical as often shown by Debbie "Bullozer" Bateson and Cressida "Boxer" Barry.

Unfortunately, towards the end of the match we succumbed to three more goals as the Welsh International's skill began to get the better of us. This was despite the efforts of Ann – who was diving around the penalty circle saving seemingly certain goals every 2 seconds. Alison Law was felled by a blow to the jaw from a fast-moving stick and so won the prize for bruise of the day – it even stopped her talking for about half an hour. A special mention must go to Zena Brenchly who was brilliant, as usual, but always says we're being sarcastic when we tell her.

Results: v. Bedford College won 12–0

v. I.C. lost 2–7

v. Royal Holloway lost 0–3

v. London lost 0–5

Bubble Bath

At the end of last term the 1st XI were lying 9th in the 1st Division of the University of London League having been promoted from the 2nd division at the beginning of the Winter term. We are hoping to improve our position still further by the end of the season.

So far this term, although several matches have been cancelled there have been a couple of games of a very high standard.

Guy's v QMCI

Won 3–1

Goal scorers: Cressida Barry, Clare Chavasse, Carlie Holden

(Thanks to Glen Lobo for umpiring)

Guy's v LSEI

Lost 2–1

Goal Scorer: Carlie Holden.

This was a very close match with excellent play and tight marking by both teams. Unfortunately the LSE team managed to maintain stamina for a few minutes longer than we did and slipped in the winning goal just before the final whistle.

CCGC

THE CYCLING CLUB

Unfortunately the cycling club is still suffering from its own inept lack of organisation as well as verbal interest in rides which does not materialise into attendance on the day, as happened on two rides last summer. After a winter of apathy we hope to organise several rides in the spring and summer. The main summer ride will be a ride from London to Brighton in the middle of July which will link up with a John O'Groats to London, London to Brighton and then to Land's End ride. This will all be in aid of the Evelina Children's Hospital Appeal, and Professor Chantler, Dr. Haycock and Dr. Rees have already shown their willingness to take part in this London to Brighton ride. We hope many students will join in.

Anyone interested in the above ride or in other rides or requiring help or information on cycling can contact the club through its pigeon hole or contact J. Willis in the Dental school or S. Fisher via Boland House pigeon holes.

S. R. Fisher

SKI CLUB

**The Egg Cup Ski Race –
Guy's Runners up!**

On the 24th of November, 1984, the first intercollegiate dry ski race was held at Welwyn Garden City Dry Ski slope.

Weather conditions were ideal: a clear evening, with a previous afternoon of rain to add speed to the slope. The race not only included teams from the University of London Colleges, but also from Sussex University. The eight teams were divided into 2 leagues of 4 of which the two fastest teams after each had raced the other twice were put into the final league.

Each team consisting of five members ranked in order of ability, raced over 10 gates in a short slalom against the equivalent skier in the opposing team. The results were calculated on a 1 point for "first over the line", ½ point for a draw.

Guy's did exceptionally well qualifying for the final with King's College.

Results

Guy's v Royal Vet's 6½, 3½
Guy's v King's College 4½, 5½.
Guy's v Sussex 9, 1.

This outstanding start to the race was secured by Charles Balcombe and Earl Reid-Ward, both selected to race for U.L.U. in the University championships in Isola.

The final league proved to be very demanding; Guy's won 3-2 against King's Old Boys. The last race between Guy's and the

Royal Free Hospital turned out to be the decider of the whole competition. Unfortunately this was lost 2-3. The Royal Free are the 1984/85 Egg Cup Champions, Guy's the Runners Up.

The event was such a success thanks to organisation by King's Ski club that it will be an annual event.

Guy's team (1) C. Balcombe (captain), (2) E. Reid-Ward, (3) S. Roughton, (4) N. Jones (5) J. G. Mountfield.

JGM

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DIETETIC DEPARTMENT

The following student dietitians will be undertaking their six months Practical Dietetic Training at Guy's in the period 1985-6.

University of London Postgraduate Diploma in Dietetics

Miss Cherida Mockridge B.Sc. London (Nutrition)
Miss Lucinda Stevens B.Sc. London (Nutrition)

University of Surrey B.Sc. (Hons. in Nutrition)

Miss Deborah Rand

Leeds Polytechnic B.Sc. (Hons. in Dietetics)

Miss Deborah Goodchild

Leeds Polytechnic - Postgraduate Diploma in Dietetics

Mrs. Mary Foskett B.A. Cambridge (Natural Sciences)
Miss Julie Harrison

B.Sc. University of Wales (Biochemistry)

Polytechnic of North London B.Sc. (Hons. in Nutrition and Biology)

Mrs. Sadhana Ahluwalia
Miss Jane Redding

Robert Gordon's Institute of Technology, Aberdeen - B.Sc.

Miss Kitty Kit Chun Hoh
Miss Melanie Thompson

Queen Margaret College, Edinburgh - B.Sc.

Miss Lesley Youde

DEATHS

JAMES, David Arthur, died aged 84, January 1985 after a brief illness. Practised in Plymouth throughout World War 2 and served as dental surgeon to Dartmoor prison. Was a Director of Plymouth Argyle Football Club and went with the team to Poland and Holland in the 1960s. He leaves a wife, a son and daughter and two grandchildren.

de BONDY - John Edwin, L.D.S., R.C.S. (Eng). Husband of Natalie, died suddenly on January 18th, at home, 56 Beaumont Road, Cambridge.

PERSONAL

REECE - Would Rosemary Reece, London; formerly daughter of John Husbands, L.D.S., Herne Bay, Kent please contact Eric Bradley, 199 The Gateway, Dover.

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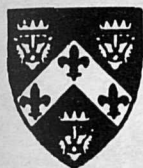
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The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

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The Sign-up Debate

In the recent S.M.E.C.-sponsored debate about the sign-up system (see p. 99), it was clear that one of the most strongly felt complaints was the delay in the publication of the provisional list. This list tells a student into which group he falls relative to other students in the year (1–20, 120–140 etc.), and gives him an idea of which Guy's scheme job he might aspire to. Which is fine if the student is reasonably high up the listings. However, with the narrow discrimination of the old system, it is not easy for a student accurately to predict where he is in the year and whether he is being over-optimistic in applying for a job on the scheme, as there are fewer than 90 of them. What is needed is a provisional list *before* students go away on their final year elective, not *after* it as is the present situation. By then, if the student unexpectedly finds himself low in the listings, he has rather missed the boat to apply for jobs outside the scheme.

The fault is not that of the Medical School Office. One need only read Ratty's eulogy in the last *Gazette* to know that they are astonishingly efficient. The problem lies entirely at the feet of the consultants and their teams who take an eternity to give in the grades (quite apart from lateness making such grades valueless to the students and School in detecting problems early). At the debate, the consultants present agreed that it should not take longer than two weeks for grades to be compiled after a firm, allowing for holidays, etc., which in an ideal world would mean that the provisional list would be out in plenty of time before students' departures on their electives, giving them a fair chance to compete for non-linked jobs with students from other medical schools.

The moribund sense of urgency with which some firms produce their sign-ups is totally inexcusable, especially in the run-up to the allocation of house jobs. It might be worth students writing to the Dean or Sub-Dean, pointing the finger at the worst offenders, whose tardiness creates quite avoidable anxiety.

Copy for the Gazette

Contributors are requested to supply copy with double spacing and preferably typed. Hand written copy should be similarly double spaced and in legible script; names should be made especially legible by the use of capital letters.

News in Brief

London Marathon: Sunday, April 21st

OXFAM is seeking entrants who are willing to be sponsored to raise money for its work overseas on some 1,850 projects.

The devastation of the drought and famine in Ethiopia and the Sudan has been on everyone's minds recently, but drought and suffering are not confined to these countries.

In some of the communities in which OXFAM works, the equivalent of the marathon distance is walked every day by people in search of water or firewood. Water pumps, well-digging, agricultural tools and seeds can make the world of difference to the poor.

If interested, please contact: Liz Shannon/Bernie McDermott, OXFAM, 724 High Road, Finchley, N12 9QD. Tel: 01-446 6888.

Guy's Physiotherapy Charity Ball

Guy's Physiotherapy Charity Ball, in aid of Guy's Association for Renal Patients, will be held on Friday, 10th May, 1985, at The Grosvenor House Hotel. The ticket price has yet to be finalised, but will be approximately £30 a double ticket. Any applications for tickets to be made to Sharon Turl c/o School of Physiotherapy, Shepherds House, Guy's Hospital SE1.

Guy's Hospital Rugby Football Club

Rugby Club sweaters are now available in sizes 40-46in., navy blue. Orders to be placed with Chris Barry, Boland House, Guy's Hospital, SE1, by 20th May.

Front Cover

The cover is an autoradiograph of the hybridisation of DNA from a CIN III lesion (lane A) and marker HPV16 DNA with ³²P labelled HPV16 DNA probe.

For clarification, turn to p.105 for Dr. Denis McCance's article about his fascinating work that has incriminated wart viruses in cervical cancer.

Gazette Staff Appointments

We regret that Juliet Goff has left us to devote her not inconsiderable energies to passing finals (*Appreciation* p. 97).

Thomas Brink and Marcia Hall became co-Assistant Editors, and Chris Pocock stays as Sports Correspondent.

Appreciation

J. M. C. Goff



Juliet Goff came to Guy's to study medicine in 1980 from St. Paul's Girls School; she also attended the Royal College of Music as a Junior Exhibitioner. She joined the *Gazette* as News Editor in October 1983, eventually becoming co-Editor in June 1984. During her time as editor, she was a powerful moderating influence on the worst excesses proposed by her fellow co-editor, and doubtless saved the *Gazette* from several embarrassing libel actions. Her writing style is lucid and entertaining, and she made many enjoyable contributions in *Passim*, and under various pseudonyms elsewhere in the Journal. Even at her present stage of education, it is still apparent that the remedial spelling lessons she received at school were inadequate; it must be said that this was her only editorial failing. Her enthusiasm in cajoling reluctant contributors to write their pieces could only have been tolerable from a girl of her charm.

Juliet has made her mark elsewhere at Guy's, particularly in musical activities. She is a gifted pianist, and was principal clarinettist in the University of London orchestra. She was secretary of the music club at Guy's, and a founder member of the Cantata Choir. She also played Hortense in the much praised theatre club production of *The Boyfriend*.

It is with great reluctance, but with all good wishes, that we say farewell to Juliet at the *Gazette*, as she now turns wistfully to her studies for finals in June. She then goes on to Winchester to be house physician, assuming all goes well.

J.L. and T.B.

Clubs' Union News

The new committee of the Clubs' Union, now familiar with their novel posts of responsibility, are carrying out their duties with an enthusiasm and commitment which I am sure will provide an enjoyable and exciting year for all. I for one have the task of following such a character as John Edwards and hope to continue the good work started last year. My thanks to John for all his tireless work and congratulations on his admirable year as President. He has not, however, vanished from the scene, but remains as a "Back Bencher" as Year Representative on the Clubs' Union Council.

New faces on the Council include Dr. R. K. Knight, Chairman, Mr. O. H. Shaheen, Vice-Chairman and Professor M. N. Naylor, Treasurer, not to mention many new student representatives.

Life at Guy's continues at its usual unstoppable pace. End of term exams loom on the horizon. Second MB is drawing to a close, yet social and sporting life is at its peak. Recent successes include semi-final placings for both first and second fifteen rugby teams in the Hospitals' Cup. A tremendous season for the second eleven football team was capped by a victory in the Hospitals' Cup and second place in the ULU Challenge Cup. Our mixed hockey team won the Inter Hospitals' tournament, and the men's squash team won the Hospitals' Cup; congratulations to all those involved.

On the social side, the choir have been exercising their larynges with a concert at the Church of St. George the Martyr. Friday night events as ever, have been drawing the crowds. The most recent of these was the Rugby Club Toga Party, an extremely enjoyable way of raising funds to swell a Club's coffers and I would encourage all clubs to organise some kind of event during the coming year.

The Theatre Club's "*Oh What a Lovely War*" came under the spot light on Wednesday, 20th March. (*Report follows in next issue – Ed.*)

Preparations for the Summer Festival, June 1st, and Charities Week, 1985 (May 5th–11th), are well under way, with both committees working well together and coordinating with the rest of the School.

On the weekend of March 23rd, fifteen intrepid students (myself included) undertook a Charity Parachute Jump in aid of the Evelina Children's Fund. All of us endeavoured to raise £150 sponsorship for this worthy cause.

Elaine Parsons
President

S.M.E.C. Sign-up Debate

by Stephanie May and Alison Walker

Concern amongst students about the inadequacies of the sign-up system initiated this well-attended discussion. With Mr. Martin Jourdan, Sub-Dean, in the Chair, Dr. John Rees, Clinical Tutor, revealed some of the mechanisms of the present system. Ian Brown, chairman of S.M.E.C., presented the results of a recent questionnaire among students which showed widespread dissatisfaction.

From the subsequent discussion, it became clear that the main areas of concern were the late publication of the ranking of summated sign-up grades used for house appointments, and the lack of opportunity for discussion with staff of students' progress. Dr. Rees and the Medical School Office expressed their willingness to look into these issues further.

Guy's Evelina Children's Hospital Appeal

by Michael and Peter Joseph

Queen's Gift

We are delighted to report that Her Majesty The Queen has given an undisclosed amount to the Guy's Evelina Children's Hospital Appeal Fund.

Sponsored Walk – 3rd February

The sum raised so far amounts to £13,000. A number of walkers has yet to complete collecting money from their sponsors. We hope to receive by the end of April outstanding sponsor money for this very successful fundraising venture.

BBC2 Documentary – "*Forty Minutes*" 11th April

Readers will be interested to hear that the BBC have recently completed a documentary on the Evelina Children's Hospital, entitled "*Matters of Life and Death*". It will be screened on Thursday, 11th April at 9.30 p.m. on BBC2.



Parachute Jump

A number of sponsored parachute jumps is being organised in aid of the Evelina Children's Heart Fund, mainly over weekends starting on 23rd March. Amongst others taking to the sky to help the "Evelina" are Peter Field, Area Manager of British Rail, and several members of his management team at London Bridge. The eleven strong team – which is calling itself "The London Bridge Lemmings" – has had no previous parachute experience and will be given training at Headcorn Aerodrome (between Tonbridge and Ashford) on Saturday, 23rd March before making the jump from 2,000 feet on the morning of Sunday 24th. When asked about the jump Peter Field said, "We are all pleased to be involved in this very worthwhile event to help Guy's Hospital. We are close neighbours at London Bridge and Guy's never hesitate to help both our customers and staff when asked". In the photograph Peter Field is in the centre, bowler-hatted.

Gala Film Première – 2nd May

This film première is sponsored by The Sportsman's Aid Society to aid Guy's Hospital Children's Heart Unit. The film is called "*The Cotton Club*" and will take place at the Odeon, Leicester Square on Thursday, 2nd May at 7.45 p.m. The setting of the film is Harlem in the Jazz Age in the late 1920s. For information about tickets, which are selling fast, contact The Sportsman's Aid Society on 01-439 7342.

Sweatshirts and T-shirts

These specially inscribed shirts are on sale at the Evelina Appeal Office in a number of colours in various sizes, for both adults and children. The office is at 23b St. Thomas Street, opposite Guy's main entrance; telephone 01-407 7600 x 2702.

The National Health Service: An Assessment from the Clinical Front

by A. K. Yates, Director, Department of Cardiothoracic Surgery,
Guy's Hospital

"Every patient you treat is either your mother, father, brother, sister, wife, son or daughter" Lord Brock.

Following many years of decreasing ability of the health service to answer the increasing needs of the population, I consider we are entering a period of overt crisis. I would like to stress this is not a sudden crisis but the emergence of overt manifestations of a serious, underlying inadequacy causing increasing strain. Because of the very nature of the National Health Service which has no clear end product, and is an extremely large corporate body with political connotations, it is very difficult to gain sane and honest discussion regarding the problems. In my opinion there is significant management incompetence both on administrative and clinical levels. In the clinical context I include ancillary and social services. This has all resulted in schisms developing between clinicians, ancillary workers, administrators and politicians working for the NHS. It is quite clear that all these aspects are detrimental to the health care of the nation.

As a fundamental thesis I propose to accept that the vast majority of people working within the National Health Service want to offer the most efficient, effective and humanitarian treatment possible to the nation. If this is not true then the cause is lost.

I also accept that in all these groups functioning within the health service there are various vested interests which will, if allowed to be expressed, obscure clarification of the problems and deviate actions required to be taken to improve the situation.

It is helpful to list the problems:

1. Inefficiency in administration.
2. Inefficiency at clinical level.
3. Negative vested interests.
4. Inadequate funding of the National Health Service.

Guy's Hospital can be studied as a significant microcosm of the whole, exhibiting all the above problems from which examples can be given and conclusions drawn.

1. Inefficiency in Administration:

Firstly, there is the difficulty associated with a local district authority administering a district, regional, national and international institution. The district authority's responsibility is to the health care of the local population, but added to this is the undeniable need to recognise and support a hospital that is answering a much wider responsibility.

Nuffield House, the private wing of Guy's, has played an important part in the totality of the hospital both at clinical and financial levels. It has not been afforded any significant structural improvements for many years and finally is to be closed next year. This, no matter what is one's political persuasion, is a tragedy for the hospital. It has been clearly established that, despite its run down condition, the private practice performed through this facility has afforded a very significant additional financial source to the district funds. As an example, 50 National Health patients have had open heart operations in the last year paid for from the profits made through Nuffield House. When Nuffield House closes next year, 50 NHS patients per year will not be able to have their operations.

This is, of course, totally irrational and, in a situation where all consultants at Guy's have been asked by the administration to reduce the number of patients they treat this year by 10% because of financial restrictions (and it has been suggested we should reduce the number of patients by 10% per year for 10 years), may I suggest it is not only irrational, it is immoral.

Secondly, in regard to our regional and supraregional, i.e. national activities, there are many outstanding problems. The DHA state the RHA are not adequately financing the regional clinical services. The RHA state they have no more money. The RHA have been asked for many years to actively investigate cross-regional funding to support, for example, haemodialysis and cardiac services for patients living outside the region. Nothing has been done in regard to this despite the fact that it is practicable and possible within the NHS structure.

Lastly, and perhaps most disturbingly, is the uncritical way in which the Regional, District and Hospital financial budgeting is carried out. There is no available information to allow accurate costing at any level. For example, in my department I have no financial budget, but I am told I am overspent by the sum of approximately £70,000 for the financial year 1984-5. The hospital administration have not, to date, costed an open heart operation. Their guesstimate has overestimated the true cost of an open-heart operation. If one reanalysed the cost by itemised pricing there is no doubt that more operations could be done for the same sum of money.

If the same standard of accountancy is applied to the whole hospital, and I have no reason to believe otherwise, we may as well be working through the looking glass.

One could criticise this as an exercise in numbers, but I stress this is the basis for the recent furore over cardiac surgery at Guy's and is not acceptable.

There remains the irrefutable fact (I am told) that the hospital is at least a million pounds overspent this year. This sum is presumably being gained by subtracting the gross sum spent by the hospital from the money given by the DHA. In an annual budget of the order of £70 million one must insist on more accurate costing. A household budget would collapse if so crudely administered, and we are talking about a £70 million budget!

2. Inefficiency at Clinical Level:

There is considerable inefficiency at clinical level, and the hospital administrators are aware of this. I accept their statement that they are powerless to correct this unless they have support from the clinicians, which they do not receive. As an example, many general operating lists at Guy's are not occupying the whole operating session. Savings could be made by combining some of the operating lists (freeing nurses and anaesthetists for other work). However this is only practical if the surgeons will accept change.

Close attention to detail in operating techniques could save significant amounts of money, for example using continuous suture techniques, where reasonable, rather than interrupted; using less expensive, but proven heart valves; using less expensive anaesthetic techniques, etc., etc., etc.

There are many aspects of clinical service where efficiency can be improved, but it is only by active co-operation by the clinicians that these savings can be achieved. Because there is a large and increasing backlog of patients requiring treatment it is true to say that, if we as clinicians develop optimum efficiency, more patients will be treated and overall costs will increase. However, if we are seriously to promote the concept of inadequate funding, this can *only* be successfully promulgated by initially making optimal, efficient use of the money we already have available.

3. Negative Vested Interests:

Vested interests can be positive and productive, or negative and counter-productive. It is the latter we must eliminate. Such interests include political, e.g. closure of Nuffield House; domestic, e.g. maintaining a job that is not needed; administrative, e.g. holding an unnecessary number of meetings discussing inaccurate facts which produce unproductive or calamitous decisions. In 1984, the Cardiothoracic Unit had *one third* of its beds closed by the administrators, their decision being made on totally inaccurate information which they subsequently admitted; the decision has now been reversed. Nevertheless, it took *two months* to re-open the beds.

4. Inadequate Funding of the National Health Service:

This is almost certainly true; however, a democratically elected Government has the right to decide at what level they will fund the NHS. If this is inadequate, the term is purely relative. The only democratic way to establish the fact is to afford clear evidence of maximum, efficient use of the money available and then reveal that this is not enough to treat the nation adequately. Having established this publicly, it is then up to the Government to decide if this is a politically important enough issue to increase the proportion of the Gross National Product given to health care. There is no other democratic way to do this, and undemocratic action will only lead to anarchy which would damage the health service even more.

I am therefore persuaded that the only possible way to resolve the multitude of problems within the health service is for clinicians to combine

with administrators at *local* level to obtain humanitarian discipline within both groups.

Once a clinician practises optimal efficiency in all aspects of his practice, and he then finds that the accurate budgeting does not give him enough finances to support his practice, it is his duty to continue to be efficient and therefore run out of money before the end of the financial year. He can then clearly and incontrovertibly make his point. He must resist, at all times, any pressure put on him to "slow down" and so spread his now inefficient practice over the 12 month period. If he compromised his efficiency, this would only conceal the inadequate funding and expose his patients to greater suffering, morbidity and earlier death. I would stress this applies to all persons working on the clinical front, not just doctors.

It is a tragedy that the knowledge of patients suffering due to an inadequate health service is now a blunted cause and we have gone down the road of health service care decay to such an extent that only unnecessary patient deaths now make headlines. We should be ashamed.

Guy's Hospital Gazette



We should like to remind our readers that all copy for inclusion in the "Gazette" must be received 15 days before publication. Copy dates for the next two months are May 8th and June 12th.

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Wart Viruses and Cancer of the Cervix – Casual or Causal Association?

by Dr. D. J. McCance, Senior Lecturer, Department of Microbiology

The benign tumours, known as warts, have been recognised since at least Roman times and thought of more as a cosmetic nuisance than any serious disease process. The aetiological agents, Human Papillomaviruses (HPV) are a group of species-specific DNA tumour viruses infecting many vertebrate hosts other than humans. There were at the last count (October, 1984) 30 different types of HPV. The group is divided into types, not by conventional methods such as serology, because these viruses cannot be grown *in vitro* and so sufficient antigen for antibody production is not available, but by the homology (percentage cross-hybridisation) for their DNA molecules, i.e. how similar the sequences or nucleotide pairings of the DNA of one HPV type is to that of another. This type of analysis has only been possible because of the developments in genetic engineering which allows cloning of viral genomes into bacterial plasmid or phage vectors.

The viruses infect and replicate in cells at many different sites, including stratified squamous epithelium. Certain types tend to infect particular surfaces, eg. HPV1 and HPV4 commonly cause plantar warts (*verruca plantaris*), HPV2 causes hand warts (*verruca vulgaris*), while HPV6 infects mucosal surfaces of the female lower genital tract, cutaneous surfaces of the penis and scrotum, and less commonly the laryngeal epithelium of both sexes. The interaction of these viruses with the epithelium is interesting and possibly accounts for the easy spread of infection and the difficulty the body has in eliminating the lesions. Firstly, as mentioned, the viruses infect only epithelial surfaces, and viral DNA is found in the lower parabasal cells. As the cells divide, differentiate and move through the epithelium, the viral replicative cycle starts and in the top few layers of cells fully infectious virus particles are detected. The end result is that infectious virus can be shed in desquamated cells, infect other hosts and, in addition, as these infectious particles are produced in the outer layers of the epithelium, they are less likely to alert the host's immune response, especially on cutaneous surfaces. Considering that a high percentage of the dust found in hospital wards, bedrooms and, to a lesser extent, in other living areas is made up of desquamated skin scales, it is easy to see how we are infected by the cutaneous wart viruses. The close association of the replicative cycle of the virus with the differentiation of the epithelium is the main reason that no *in vitro* culture system is available for HPV replication, since it is not possible, at present, to produce fully differentiating cultured cells.

HPV infections were thought to produce only benign papillomas, although work with animal papillomaviruses back in the 1930's, and then in the 1980's, has shown that these viruses have an oncogenic potential which is probably dependent on co-factors which include genetic background and environmental elements. Recently, malignant disease in humans has been associated with HPV infections. Patients with the rare autosomal recessive

disease Epidermo-dysplasia Verruciformis characteristically present with multiple cutaneous warts and either dry, scaly pigmented or pityriasis versicolor-like lesions. The lesions have been shown to harbour various HPVs. One third of these patients will at some stage present with squamous cell carcinoma usually at a site exposed to sunlight, i.e. on the head, neck or hands. HPV 5 and 8 are frequently found in these lesions, although both types are rarely found in wart lesions from normal individuals. It is thought that infection with types 5 or 8 and U.V. light act together in the malignant conversion with the additional observation that these individuals do show a reduction in their cell mediated immune responses.

Recently HPVs have been implicated in other human cancers, such as carcinoma of the cervix and lower genital tract intraepithelial neoplasias^{1,2}. It was suggested in 1842 by Rigoni-Stern³ that carcinoma of the cervix was a venereal disease because he documented the low incidence in nuns, who had a normal incidence of other gynaecological malignancies, but found a high incidence in prostitutes. Subsequent studies have defined behavioural characteristics of women at risk of developing cervical neoplasia including early age of first sexual intercourse, increased number of sexual partners, unstable marital relationships and an association with venereal disease. There has been an increase in Britain in the number of cases of the premalignant lesions, cervical intraepithelial neoplasia (CIN), especially in younger women. In the age group 25 to 34 during the 1970's for instance, the number of smears rose by 11% while there was a 117% rise in the numbers of carcinoma *in situ* (CIN grade 3)⁴. More ominous is the increase in mortality, due to malignant disease in the under 35's, which has doubled over the last 10 years.

Many venereal infections could be thought of as the aetiological agent and *Herpes simplex* type 2 was favoured in the 1960's and 1970's. However, other factors emerged which suggested HPVs may be the causative agent. Firstly, women with vulvar warts (condylomata acuminata) are at a greater risk of developing carcinoma of the cervix. Secondly, cytologists in Canada and Finland in 1977 suggested that abnormal cells in cervical smears contained pathological changes consistent with wart virus infection, and thirdly, HPV DNA sequences were found in biopsies from the premalignant lesions of the cervix. Four HPVs are associated with various genital lesions. HPV types 6 and 11 are found in condylomata acuminata and CIN grades 1 to 3 only, while HPV16 and 18 are found in benign and CIN lesions, but more interestingly in malignant disease^{5,6}. Recent work in the Department of Microbiology at Guy's has showed that as the severity of the premalignant lesions increases, the frequency of detection of HPV16 also increases until it is found in 70% of CIN 3 and 90% of malignant disease, but rarely found in women with healthy cervixes. Only two women out of seventeen investigated with histologically normal cervixes harboured HPV DNA sequences. One woman had a history of vulvar warts and the other woman's husband had penile warts. HPV18 is found in a minority of European cases of cervical malignancies, but detected in over a third of cases in South America and Africa which may indicate geographical differences in the type of HPV circulating in various parts of the world. HPV18 DNA sequences have also

been found in cultured cells originating from malignant cervixes, including the ubiquitous HeLa cell line, first cultured in the early 1950's. The HPV16 DNA sequences in the benign and premalignant lesions are free and produce infectious virus particles, whereas in the malignant tissues the viral DNA is integrated and covalently attached to the host chromosomes. This may be significant as other DNA tumour viruses are known to integrate into cellular DNA before transforming the cell.

Does the fact that HPV6 and 11 are only found in benign and premalignant lesions, while HPV16 and 18 are found in premalignant and malignant lesions mean that women infected with the latter group are at greater risk of developing a progressive disease? This will be difficult to answer, but prospective studies on women with CIN I (mild dysplasia) to investigate any association between progression and the type of HPV detected may help to elucidate if the presence of certain HPVs in biopsies from lesions of the cervix is a causal or casual association. Since carcinoma of the cervix is venereally transmitted, male partners also play a part in the transmission of the aetiological agent. Malignant disease of the penis is rare in this country and in the rest of Europe and North America and occurs in an older age group than carcinoma of the cervix. However, in some countries such as Brazil and Uganda, carcinoma of the penis is more common. In certain regions of Brazil, for example, carcinoma of the penis is nearly as common as that of the cervix and is found in a similar age group. HPV16 and 18 infections are present in over 50% of the diseased tissue. Although penile carcinoma is rarely seen in young males in this country, penile warts are commonly seen in genito-urinary medicine clinics and are difficult to treat. These warts contain HPV6, 11 and 16, but rarely HPV18. A recent study⁶ has shown that over a third of females who were the sole sexual consorts of men with penile warts developed abnormalities of the cervix with varying degrees of severity from CIN 1 to CIN 3. A control group of females who were the regular (not necessarily sole) sexual partners of men with non-specific urethritis, but who had no clinical evidence of wart virus infection, had no cervical abnormalities. Matching their age, sexual histories etc., the only difference between the two groups of women appeared to be the presence of penile warts in their male sexual partners. This suggests that the presence of penile HPV infection in the partner rather than the women's sexual behaviour places her at high risk of cervical neoplasia.

How is the viral DNA detected in the diseased tissues? The total DNA is extracted from the tissue which, in most cases, is a punch biopsy taken at colposcopic examination when the lesion is CIN 1 to 3, or from surgically removed tissue if it is from malignant disease. Any viral DNA present in the biopsy is then detected by hybridising the total tissue DNA with radio-labelled cloned HPV DNA. The labelled DNA molecules are termed probes as they will identify any similar sequences present in the biopsy DNA. Conditions of the test are such that only cloned HPV6 will detect HPV6 DNA, or HPV16 will only detect type 16 in the biopsy material. The tests, as well as being specific, are also very sensitive and 1 picogram of viral DNA (1 picogram = 10^{-12} kilograms) can be detected. An example of the test is

shown on the front cover and the legend below describes the technique in greater detail. These tests are not routinely available and part of the research effort is to develop methods to replicate the virus or its DNA and produce virally coded antigens for antibody production. Because of the nature of the replicative cycle of the virus most of the effort is directed toward genetic engineering as a means of producing these antigens. The aim is to produce a simple serological test for each of the genital HPV infections. Although a simple test for the type of HPV infection is not available, treatment for the premalignant disease is relatively easy with ablative methods such as cryotherapy, electrocoagulation, diathermy and carbon dioxide (CO₂) laser therapy. All show a high cure rate of around 90%, although the CO₂ laser is easier to use and less expensive as it can be used on an outpatient basis. With the increased incidence of CIN especially in the 24–34 year olds, more women will need to be treated. The difficulty is catching those at risk in this age group as the DHSS recommendation is that only women of over 35 years of age should have a cervical smear taken regularly. This would seem inadequate especially as it is becoming clear that progression to malignant disease can be more rapid in some individuals than previously observed. Also, the largest increase in premalignant disease occurs in the 24–34 year olds.

In summary, there is at present strong statistical evidence for the association between the presence of certain HPV types and premalignant and malignant disease of the cervix. HPV type 16 is a strong candidate as the aetiological agent, although other co-factors may be involved. What these factors are is not known, but genetic background, sperm or seminal fluid components are possibly important. It is known that smoking increases the risk of carcinoma of the cervix by up to a factor of 13 when social and sexual habits are taken into account.

What is evident is the increasing role of the colposcopy clinic in treating women and the pressure to establish the presence of the disease with HPV infections, with perhaps the ultimate aim of producing an effective vaccine. It is however comforting that for most of us, warts are, like beauty, only skin deep.

Acknowledgements

Personal research quoted in this article was carried out in collaboration with Mr. A. Singer, Consultant Gynaecologist, Whittington and Royal Northern Hospitals, London.

Front Cover:

Shows an autoradiograph of the hybridisation of DNA from a CIN III lesion (lane A) and marker HPV16 DNA with ³²P labelled HPV16 DNA probe. The total biopsy DNA was digested with an enzyme (*Bam* H1) which cuts the HPV16 genome in one place. Since the HPV16 genome is circular this one cut produces a linear molecule 7.9 kilobases in length. The digested DNA was electrophoresed in an 0.8% agarose gel and the bands then transferred to nitrocellulose filters. The filters therefore contain the bands that were in the gel as a direct image. The nitrocellulose filter was hybridised to the ³²P labelled HPV16 DNA and any HPV16 DNA in the biopsy is detected by the hybridisation of the labelled DNA with any similar DNA on the filter. The DNA on the filter and the labelled DNA probe are converted into single-stranded DNA before the hybridisation step. Lane A shows that HPV16 DNA was in the original biopsy. Lane B contains 100 picograms of HPV16 DNA cut with *Bam* H1 as a size and specificity marker.

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1985 London Medical Group Conference

The 22nd LMG Conference was held on 15th and 16th February at the Royal College of Surgeons, and was entitled “Sex and Sexuality”. It examined the clinical, social and moral consequences of the separation of sex from procreation. Speakers came from a wide variety of disciplines including theology, medicine, law and the media. The 500 strong audience (mostly medical students) responded enthusiastically in the ensuing discussions.

Session 1 – Sexuality in Evolution

Dr. Christopher Dare (Child Psychiatrist at the Maudsley Hospital) described how “sex can be part of the glue that keeps families together, but also the dynamite which blows them apart”. The “glue” of the family is the remarkable closeness and intensity of relationships within it, which, when reliable, provide the security a child needs for its lengthy psychosexual development. This turns to “dynamite” when the child’s developing sexual potential is exploited (through incest), rather than supported.

Professor John Maynard Smith, a biologist, after describing the difficulties of living in the shadow of his famous father, went on to dismiss all claims of short term dysgenic effects of modern reproductive technology. He asked us to take his calculations on trust, inviting us instead to agree that “sex is fun” and “people like children”.

Professor Dunstan, a theologian with a humanist bent, gave a history of man’s attitude to the embryo. He outlined two trends prevailing from Graeco-Roman times to the present – the “moral” versus the “scientific” tradition. His examples ranged from Aristotle’s work on chicken eggs to the early Christian taboo on the spilling of man’s seed. He insisted that the “scientific” reactions of curiosity and experimentation are as inherently “human”, and therefore acceptable to him, as the “moral” response of awe, wonder and respect for the God-given embryo. This conflict should ideally be productive, leading to enquiry with restraint.

Session 2 – The Search for Sexual Identity

Sylvia Denton, drawing on her extensive experience in counselling mastectomy patients at King's College Hospital, decried the lack of hard data on a subject which evokes such pain and trauma to the patient and her family. Every woman has a one in fourteen chance of developing breast cancer sometime in her life. It is the foremost malignancy among women and the commonest cause of death in the 30–55 age group. The breast has always been central to womanliness, motherhood and female beauty. For some women altered body image is more threatening than malignancy; age and breast size do not alter these feelings. The need for counselling was highlighted by the large percentage of women experiencing sexual and psychiatric problems post-operatively. Counsellors must come to terms with their own mortality and sexuality before they can communicate. "Our ability to care is in direct proportion to our own vulnerability".

Dr. Susan Golombok, a lecturer in psychology, examined data on parenthood and the sexuality of offspring following Warnock's recommendation not to sanction AID (artificial insemination by donor) or IVF (*in vitro* fertilisation) for single or lesbian women. Are children raised by gay couples more likely to grow up gay? The few studies on lesbian households to date have shown that gender identity (established by the age of 3) is unaffected, whilst it is too early to assess the impact on the child's sexual preferences. She discussed these fragments of evidence with respect to three models of psychosexual development – psychoanalytic, social learning and cognitive development.

Michael Rhodes, from *Gay Switchboard*, gave a frank and moving account of his own experiences growing up gay. He described the fear and isolation of the teenage homosexual and the relief of "coming out". He went on to explain how the new found and fragile acceptance of gays has been undermined by media distortion and professional ignorance with regard to AIDS (acquired immune deficiency syndrome).

Session 3 – The Divorce of Sex from Procreation

Dr. Dominian, consultant psychiatrist at the Central Middlesex Hospital, spoke on the meaning of sexual intercourse in marriage. He gave an uplifting account of coitus as a perfect act of thanksgiving, reconciliation and renewal. "Coitus is grounded in the physical, but completed by feelings of tenderness", and, he claimed, such a powerful act cannot be fully experienced between strangers. His views were criticised by some members of the audience as over-idealistic and bearing little relation to reality for many people.

Dr. Hare, consultant in obstetrics and gynaecology at Hinchingsbrooke Hospital, Huntingdon, presented some interesting facts on cervical cancer and female infertility. He had strong views on the irrelevance of taking a detailed, and possibly traumatic, history of sexual experiences from women presenting with cancer of the cervix. The link with early intercourse and multiple sexual partners is already well established. In discussing aetiology he reminded us of studies implicating smoking and husbands' occupational exposure to tars and oils.

Session 4 – Human Sexuality: The Aberrant and the Abhorrent

Brendan MacCarthy, Consultant Child Psychiatrist, gave a heartrending exposition of the sexual abuse of children based on experience with over 100 families. Without attempting to quantify the prevalence of incest, a futile task, MacCarthy told us that (step) father-daughter and grandfather-granddaughter relations were common while mother-child were extremely rare, usually reflecting maternal psychosis.

Many bizarre facts emerged from his interviews. Most of the men involved first contemplate incest when their daughters are very young indeed, even from birth. The triangular tensions of father-mother-daughter produce the "incestuous" family atmosphere. Actual sexual abuse begins anytime from 22 months to 12 years of age, though intercourse is rare under 9. The problem of the apparently "collusive" mother who, for example, takes on evening work leaving father and daughter alone at home, was discussed in terms of an admission of defeat or an acceptance of the inevitable. "I always knew it would happen eventually" seems a common reaction of all members of the triangle. In some cases the sexual act seems almost a relief from years of growing tension.

What of the effects of incest on the daughter? It should always be borne in mind when a 13–16 year old girl runs away from home. Later reactions vary from prostitution to involvement with extreme feminist communes, but the common factors seem to be the central importance attached to the incestuous experience and severe psychological trauma which may lie dormant for many years. Victims seem drawn to partners with paedophilic inclinations so the problem is perpetuated – "intergenerational incest".

Society tends to be unsympathetic to victims, perceiving them as spoilt Lolitas, when in fact they present to psychiatrists in an emotionally deprived state. MacCarthy is committed to giving them a fairer deal.

Gillian Mezey, a psychiatric registrar from the Maudsley who has made a recent study of rapes in South London, presented compelling arguments for radical changes in the law. At present *penetration* is overemphasised, making the difference between a 7 year sentence for Attempted Rape or life for Rape ("proper"). This is completely out of step with the perceptions of both perpetrators and victims of the crime. Both agree that rape is primarily an act of *violence*. It is the helplessness, loss of control and invasion of personal space that damage most. Rape Trauma Syndrome is very similar to the reactions of soldiers to warfare.

The place of *consent* in the law also works against women. Any lack of resistance is exploited by the defence as consent, whilst in fact reversion to an infantile state is a normal response to the threat of violence.

The following speaker, Professor Mason, a forensic specialist with more traditional leanings, agreed that law reform was long overdue. At present at least 3 in 4 rapes pass unreported and only 18% of reported rapes result in convictions. He regarded medical treatment of rapists, from castration to psychotherapy, as of unproven value. His message was containment not cure.



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Session 5 – Assisted Procreation: A Conflict of Moral Claims

Speaking the day after the Powell Bill (on the Protection of the Unborn Child) had won its second reading in the Commons, Dr. R. G. Edwards gave a strong defence of his pioneering work on IVF and embryonic research. Steptoe and Edwards have always been acutely aware of the moral implications of their techniques and, ever since their first discussions in a Rochdale drawing room in 1968, have been crying out for guidance from an ethical body. Whilst the recommendations of the Warnock Report offered hope of such a body, the Powell Bill is flawed in many ways. He warned that any scientist could "drive a cart and horses through it tomorrow" and wondered whether the Bill represented a denial of the U.N. basic human right for any couple to have a family without the permission of politicians. The proposed 4 month licence for infertility treatment could be a "bureaucratic nightmare" for couples who took a little longer to establish a pregnancy. He also criticized the title of the Bill, insisting that an embryo is *not* a child, nor necessarily a potential human being. Who would knowingly implant a hydatidiform mole, as this Bill demands, by disallowing "spare embryos"?

Edwards regards IVF as a "major ethical advance" in that it facilitates much earlier detection and elimination of abnormality than our current 16 week terminations following amniocentesis. The Powell Bill would result in the 5 day embryo being better protected in law than the 28 week fetus.

Far from the self-seeking Dr. Moreau portrayed by the media, Dr. Edwards seemed genuinely concerned that recent political developments threaten his efforts to alleviate the "savage and distressing disorder" of infertility.

Father Mahoney, a theologian, juxtaposed two poles of opinion regarding the moral status of the embryo. He explained that the "yuk reaction", a poorly articulated respect for human matter and an instinctive revulsion for experimentation, is probably the majority view in society at present. Time is needed to probe the roots of this reaction, but he was confident that acceptance will come, as it has about other issues such as transplantation and brain death.

To complete the professional triangle, Mr. Baker, a barrister, explained that current law does not recognise the existence of the *in vitro* embryo and that even a Lord Denning would be hard pressed to frame legislation covering complexities such as the citizenship, parentage and inheritance of embryos frozen for many years. He expressed disappointment at the success of the Powell Bill suggesting that its disparity with the Abortion Act might bring the law into disrepute.

The high quality of informed debate at this powerful and exhausting conference was in stark contrast to the preceding day's events in the Commons, when emotion, fuelled by some ignorance, won through. The elected legislature seems in need of input from an expert forum, more influential than the LMG, if it is to avoid rash decisions with far reaching consequences for the health of the public. The Powells and Gillicks of our nation demand an energetic and constructive opposition.

**Andrew Hodgkiss, Clare Howard and
Yvonne Seaton**



Scenes from Virtue Confounded

Virtue Confounded

by our Theatrical Correspondent

This was indeed a brave production by the Theatre Club. Who could have predicted the enjoyment that music-hall-style entertainment would bring to youngish students in the 1980's? Three Victorian Melodramas were performed, interspersed with suitable music hall songs. Audience participation seemed to be encouraged – thus members of the cast and audience contested keenly throughout, for individual moments of glory. The hecklers on the whole enhanced the general atmosphere, more perhaps with enthusiasm for those acting than any perspicuous comment. All three one act plays were performed histrionically the small casts, Victorian plots and the chairman added together to whisk one back to *The Good Old Days*. Each drama was played with the minimum of stage effects, the most complex props being the covers for the table legs in "*The Wages of Sin*" or "*Perfidious Piecework*". During this final "tonic titbit", Victorian mock culture was nicely contrasted with the present day. The audience's response to the bared table legs and a portion of Miss Mackenzie's anatomy was staggeringly different.

The songs ranged from "*Time Heals Everything*", a lovely ballad sung beautifully by Tom Brink and Linda Burke, to an American "lyricky" tune "*The Sadder – but Wiser Girl*" admirably performed by Olivier Dimitri. "*Albert and the Lion*" was recited in excellent Yorkshire brogue by Neil MacFarlane. The best musical moment was undoubtedly at the beginning of the second half when Tom Brink, Harri Jenkins and Andrew Hodgkiss performed a fine medley of cockney songs – aptly choreographed and enthusiastically sung. Susan Bulman is to be congratulated once more for accompanying the singing and, perhaps more importantly, providing major and minor chords in appropriate places during the evening.

The pieces were meticulously produced and directed by Shona MacKenzie and Mike Travis who are both to be lauded on their fine effort resulting in quite a giggle of an evening.

M.R.H.

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Dental Notes

by Mr. A. D. Robinson and Dr. S. J. Challacombe

Guy's Hospital Dental Society Annual Ball

On Saturday, 22nd February, the Annual Dental Ball was held at the Royal Lancaster Hotel, Bayswater. The whole evening was stage-managed and organised by Miss Alison Law and Mr. William Hanks. They were successful in attracting over 700 people to the ball, the largest for some years and they deserve hearty congratulations on achieving this figure which included a larger than usual staff representation.

The evening was delightful. A string quartet played whilst dinner was served and eaten and this was followed by dancing to the Kingfisher Dance Band. Dancing continued in an energetic fashion until one o'clock. For one spell, the orchestra was able to take a rest and be replaced by an enthusiastic disco. During the evening, the tombola was run by Mr. Mark Foster and this was successful in raising over £450 which goes towards Dental Student Electives. The Royal Lancaster Hotel is a modern hotel in Bayswater, and has a magnificent ballroom which seemed just about the right size for the assembled company. A very happy and enjoyable evening was had by all. However, there was a sting in the tail. (*Ouch! – Ed.*)

As many will by now be aware the next morning there was more than the usual retribution for having a good evening. No doubt there was the occasional student (or even member of staff) who had a mild self-induced headache, but most were unprepared for the violent onslaught of the after effects of food poisoning. Over 500 of the 700 people attending were affected the next day by stomach cramps, explosive diarrhoea and general sickness. Fortunately, in most of these cases this lasted only 24–48 hours and most people were able to return to work on the Monday, though many in an uncomfortable state.

The Centre for Communicable Diseases has investigated this outbreak. The causative organism was indentified as *Clostridium perfringens* and the culprit may have been the salmon given in the first course.

This dramatic outbreak should not detract from an appreciation of the organisation of the event by the student members and the management committee. The evening was a splendid success, well organised and very enjoyable. It is not the fault of those organisers that the evening will be remembered not so much for the enjoyment of the night, but for the discomfort of the following day.

S. J. Challacombe

Clinical Day: Saturday, 2nd March, 1985

In the forty or so Clinical Days at which the author has been present, on quite extraordinarily few was the weather other than clement. This year was no exception. Over 900 people registered at the desk in the foyer of the Guy's Tower and the ladies selling raffle tickets on behalf of the Friends of Guy's Hospital ran out. This must surely be an all-time record attendance?

The meeting followed the now well established pattern: there were table demonstrations, video or slide shows by members of the staff on Floors 21, 22, 23 and 26 and the Fourth W.E. Herbert Memorial lecture was given at 11.30 by Mr. D. H. Gibb, Consultant Dental Surgeon, on the subject "Disruptive Tooth Movements". We were very pleased that Mrs. Joyce Herbert and her daughter were able to be present. The afternoon lecture was at 3.00 p.m. instead of the usual 2.00 p.m. and was given by Professor R. A. Cawson on his usual title "Cases you have sent". Both lecturers had packed houses in the Tower Lecture Theatre.

Trade exhibitors, though mainly on Floor 29, were also distributed throughout the other floors. One would think there cannot be many occasions when they can with so little trouble find so many dentists gathered in one place. Many visitors will have been pleased to end the afternoon with tea in Boland House, sponsored by Colgate-Palmolive.

A lot of old friends returned to their Alma Mater, some still complaining that they couldn't find their way about in the "new" building, which will, of course, be 10 years old in August of this year. Special mention should be made that we were honoured by the presence of the President of the B.D.A., Dr. J. W. McLean, not just as a guest, but here by rights as a Guy's graduate.

We are delighted to report the presence of a good many Royal graduates at this function of the merged schools. About a hundred of them enjoyed a buffet luncheon arranged specifically for the R.D.H. Old Staff and Students Association (OSSA) held in the Staff Common Room on Floor 28. Let us hope that this will continue to be a feature in the years to come.

The Annual Dental Dinner was held in the evening in the Dining Room of Boland House, with a Reception beforehand in the Ballroom on the first floor. One hundred and thirty-seven people were present. After the loyal toast by the President, Dr. David Brown (who must be the first and only scientist not dentally qualified to hold this honoured position), the speakers were Professor Roy Spector, Professor Jack Tulley and Professor George Nixon, who toasted the President in a clever and witty speech. Dr. Brown replied and the formal part of the evening came to an end with a very confident and competent review of the Society's activities by Mr. John Willis, the Honorary Secretary.

We were pleased to see a larger number of younger members, and in particular younger women members, this year. The catering was of the high standard we have come to expect from Party Ingredients Ltd. Congratulations and thanks should go to Mr. John Cardwell (and Miss Jean Bethune) who undertook the very important task of selling the tickets and arranging the seating.

A. D. Robinson

Dental Revue

by Dr. Robert Mordecai

Wednesday, 19th of December, 1984, saw the highlight of the pre-Christmas festivities when the students of the dental school put on their final year revue entitled FRANKIE SAYS "WHERE'S YOUR EVIDENCE"? A question I am told often to be heard issuing from the lips of our newest dental professor, Frank Ashley. So these inimitable words are never forgotten, the students went to great expense and trouble to have T-shirts designed with this as the logo – Professor Ashley was of course presented with one, just to remind him to pop the question in revision tutorials.

Much credit for the extremely high standard of the presentation must go once again to Rick Harty – can we really afford to let him go and script write for the *Two Ronnies*? Come back Rick all is forgiven! Directed by Tim Harker and ably supported by his back stage hands Messrs. Docker and Dyer, and of course not forgetting "Mr. Sam Smith", the whole evening went without a hitch.

The performance kicked off with Rick Harty and Guy's answer to David Bowie – Mick Reevey – quoting anecdotally from various members of staff. I must say I have learnt a new approach to tackle the problems of poor oral hygiene in children – it's called the Guy's Butcher "Tooth Toilet Method" – different if not a little risqué!

Rick appeared again in the second sketch displaying his more than capable role as a salesman entitled THE TRASHMAN – poor unsuspecting buyers included Phil Stenhouse and James Dickson. I particularly liked this sketch for the fact that the students exhibited their ability to laugh at themselves on an evening when historically the staff are in for a pasting. In his defence, I must say Mike Escudier is not really "quite as smooth" as portrayed in this sketch! Rick didn't give us time to recover from one bout of laughter when he was there yet again, this time as a prospective entrant to dental school being interviewed by members of staff played by Caroline Tancock and Paul Martin.

Unfortunately, due to the make-up girls being rather heavy handed with the tar brush – the first candidate, a Sikh played by Suk Rayatt, didn't quite manage to secure a place; however, the next candidate with no arms and an ectopic bladder emitting through the top of his head (played of course by Rick) was perfect Guy's material and was made an unconditional offer – nothing in the slightest of course to do with the fact that his father was a "Guy's man"!

Mr. Robin Brett Day never fails to feature in the final year revue, something, perhaps, to do with the fact that he is French – so they say? The typical oral surgery scene was portrayed with the patient, played by Gill Jean, laying helplessly on the operating table, and Robin, played by Bob Colman, breathing heavy French flattery all over her, this time to the theme of the Cointreau advertisement – finishing with that classic french line "Cointreau is zer passion of we French and blood is zer warmth of you English; mix the two together, and zer blood clots".

The next sketch entitled THIS IS THE NEWS read by Steve Barter and John Fleming was for me quite an exposé, for one didn't know, for example, that Caroline Osbourne Smith and Eric Waite had been on holiday together and that Eric on his return had lost a lot of waite or was it weight? This sketch was a little unkind as it included a slide show of members of staff arriving at work – half asleep. Everyone surely knows, we need at least three cups of coffee in the morning to get the old neurone into action! Despite comments about staff attire, one couldn't really expect Dr. Kidd to carry out full mouth rehabilitation in "something long and flowing"!



Smooth operator must have been the most revealing sketch of the whole revue for who would ever have known that there were such long and lovely legs beneath those denims and long skirts normally worn on clinic. The chorus line included Caroline Tancock, Sarah Cosans, Bridget Double-day, Wendy Noble, Eileen Dodd and last, but no means least, Ginny Taylor. The girls sang and moved beautifully even though poor Dr. Tom Pitford copped it once more – I wonder who on earth could have supplied the very fatherly slides of Tom and off-spring – no prizes for guessing! The Guy's Top 20, so ably run down by Phil Stenhouse, came as a personal shock, for I always thought he was one of the "nice chaps". I do think, however, his stage hair style shows a marked improvement. Andrea Salmon and Anne Boreham were found to be indulging in their favourite occupation of flicking through trendy magazines at the same time cutting people down to size with their cruel wit in the sketch entitled GUY'S GOSSIP. No doubt the common room will suffer a paucity of information now that those two fertilizers of the proverbial grapevine have left floor 24. Following this, Mick and Rick once again took to the boards with their Space Loss Oddity, a plea for help from a poor general practitioner having anchorage problems with his orthodontic appliances, and calling down the hot line in Bowie Fashion – O.D.S. TO ALLAN THOM – reminding us that when in practice, continued patronizing from a consultant is merely a phone call away!

The final sketch – The Senior Students Meeting, played by such stars as Martin Murch, Britan Kelly, James Dickinson, Chris McGrath and co., could only have been written with inside information on the true happenings that occur in the committee room of the medical school! The progress of some of the staff members of the dental school was discussed with somewhat cruel accuracy by members of the Senior Dental students, some now more senior than others! The show ended on a very convivial and seasonal note with the whole cast on stage singing several choruses of PLAQUE THE HERALD ANGELS SING and taking for all their efforts a suitably deserved round of applause from an audience that had been well entertained if not a little stunned by the previous hour and a half's activities.

No final year revue evening is complete without the party that follows the show and last year was no exception, the food, drink and disco were excellent. On behalf of all members of the dental school staff, I should like to extend a very sincere thank you to everyone who took part in making it such an enjoyable evening.

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Æsop Æsthete's Guide for *Gazette* Sports Correspondents

It is often assumed that the lofty prose of the *Gazette* Sports Columns comes from the total command of the English language innate in every Guy's sportsman. It is not widely known, however, that there is a secret "Guidelines for Correspondents", published by the *Gazette*, which forms the basis of the apprentice writer's literary armoury. Æsop has managed to obtain a copy of the guide, and is now able to present examples of the witty aphorisms that are the hallmark of the sports correspondent. Unfortunately, there is little guidance about the use of mixed metaphors, but the able newcomer should find that he is rattling these off in no time at all.

General Guidelines:

NICKNAMES: The use of ridiculous, and preferably unintelligible, aliases is to be encouraged. Suggested names are Fat Belly, Wife-Swopper, Frog Eye or indeed any name that draws attention to the subject's physical, emotional or social shortcomings.

GRACIOUS CONCESSION OF DEFEAT: Unfortunately, most reports will be of matches where defeat has been snatched from the jaws of victory. Therefore something along the lines of the following is recommended: "Despite Guy's being by far the stronger side, the oppo were extremely lucky to win by 78-0."

OTHER "MUSTS": To pad out reports there should, wherever practicable, be exhaustive descriptions of futile manoeuvres of dubious tactical merit. Every report should also give equal space to descriptions of after-match drinking excesses, preferably with names, and nature of gastric content.

ADVANCED REPORTERS ONLY: After a few efforts, correspondents may like to try their hand at devastating statements of the obvious: initially, however, they should not be put off because they cannot match the merit of phrases such as: "Guy's must have the ball in their hands to exploit the open spaces and score points."

GLOSSARY OF USEFUL TERMS: Team committed to attacking play. Motley crew (interchangeable with Intrepid heroes). Unlucky not to score. Giddy heights of victory (interchangeable with Sweet smell of success). Weathered the early storms. Sterling performance. A strong side, on paper. Continuing saga. (*See old Gazettes for further examples*)

SIGNING-OFF: A strong and forceful pseudonym is essential. Start off with something simple like Skull Cracker, and proceed, when ready, to something a little more esoteric such as Fandango.

This comprehensive guide is soon to be serialised in *The Sunday Times*, so it shouldn't be long before there is wholesale plagiarism by the hacks of Fleet Street.

Æsop Æsthete

Physiotherapy

Not content with publicising our protophysiotherapist in its celebratory issue, *The Times*, in March-hare mood, has devoted a full-page puff and a leading article to the cause of alternative medicine. More holistic than thou, perhaps – by Royal Appointment, apologist for herbalism, reflexology and meditation.

Noble Lords were quick to perceive the trend, and have described how massage of the knee with brimstone and treacle, or some such, restored menisci to their pristine glory and averted the surgeon's knife. Another, with a young female relative, recounted his surprising cure at the touch of her acupuncture needle – or was it a kilt-pin? No one is reported as singing the praises of the elixir bubbled up by Macbeth's witches – "*Brewed from the original recipe; bottled on an authentic blasted heath*" – nor yet of the efficacy of that well-known vegetable compound, but scepticism is out and open-mindedness is in. Anything goes – as long as it's holistic. . . .

With respect to Medicine, complementary is the term the proponents apply to these therapeutic modalities. Definitely not supplementary, a description with pejorative over-tones used to indicate the status of such as physiotherapists, radiographers, medical laboratory scientific officers and others of lowly estate. Alternative and not allied – again to differentiate them from such collaborators as speech therapists and orthoptists, and demonstrating their robust independence and originality of thought and deed.

The response of GP's to questions about their attitudes towards and their experience of alternative therapies was said to illustrate an increasing acceptance of their value. Many more had thought about it than had done it – much the same outcome as might have resulted from asking whether, in exasperation, they had contemplated planting a boot in a recalcitrant patient's backside. But when the list of techniques ranged from osteopathy and acupuncture at one end to reflexology and aroma therapy at the other, it is hardly surprising that a percentage of respondents thought the techniques could be useful, or reported their own utilisation of them.

A rival Council is to be set up to embrace these arcane arts and sciences, to regulate and confer respectability on them. It is notable that osteopaths have shown no greater enthusiasm for a Council for Complementary Professions than they had previously shown for the supplementary one, but the day of the State Registered Chromotherapist may not be far away. Just how holistic he or she will be is not yet known, but perhaps to be bathed overall in rosepink light gives a patient a better sense of well-being than he obtains from the tinted spectacles effect that is the best we are allowed from our orthodoxy.

Ronald Cooper

Nursing

Over a year has passed since the re-organisation and bed closures that occurred within the district in January 1984. Whilst I do not wish to reminisce on better times gone, it is only in retrospect that you realise how good the "bad times" were. I trained at a time when Guy's seemed such a compact teaching unit. Now the School and its learners are amalgamating District-wide over an ever increasing geographical radius. Attendance at a district meeting takes up a large proportion of the working day with travel arrangements on top of that.

The sheer turnover of patients within the clinical areas has been a major impact on nursing resources and manpower. Whilst previously you could guarantee *some* patients would still be on the ward following four days' leave, this is now, in some areas, becoming increasingly remote. Individualised nursing care at least ensures a build-up of interpersonal relationships with patients. Task-orientated nursing meant many nurses caring superficially for as many patients. Gone are the promises to pop back after the bottle round, or back round to collect fruit or the paper to read at break-time when dispatched by the Ward Sister. Now a nurse should not feel guilty sitting talking with a patient at any time on her shift and arranges her break around her patient's needs and her own workload. Gone are the patients that are getting better and could help out with the drinks and be a "resource person" to nursing staff. Very few patients in hospital today are self-caring. It is not unusual for patients to be sent home much earlier post-operatively, so presenting the nurse managers with ever increasing numbers of patients needing high levels of nursing care. The number of nurses on shifts does not necessarily match this increased workload. With ever decreasing entrants into nurse training, unless trained staff levels rise accordingly and deliver patient care, workloads can only increase.

There is constant pressure on nurses to admit patients into newly vacated beds. Gone are the days when a bed was actually ready for the patient at the moment of arrival. We push patients into arranging their discharge details, and move them on and out to take the strain off the day room, which is full to overflowing at times with patients waiting many hours for a bed. It is not uncommon for patients to go home and return early the next morning if a bed is not available that day. This means the patient being quickly processed for theatres as the theatre porter waits trolley in hand to take the patient away. So much for pre-operative preparation.

The anxieties of waiting patients, who find some solace in having peers in the same situation to complain to, often overflows onto nursing staff who unfortunately have to receive the sharp edge of their temper, despite being sympathetic to the patients' cause. Why is it that so often today we are always apologising for the shortcomings of the NHS? At least we have a scapegoat in the form of the recent and continual "cuts" which are fortunately public knowledge.

Statistics can be manipulated as can public opinion. It was interesting to see a recent survey on hospital patients carried out by *The World in Action* team. This showed that a high percentage of patients were satisfied with their care in hospital. I can say that, overall today, this is not representative of our patients, who are not satisfied with care and complain frequently – verbally and in writing. It is their right to do so if change can be affected this way. So often it is the little things that put it all into perspective. As I juggled with the salad lunch in the ward last week the question arose, “How do you divide up 3 tomatoes for 13 patients who have ordered salad?” I wonder how it will all end.

Serena Cooper

The Bore Report

Continuing, by popular demand, the informal, bigoted and progressively less coherent remarks of our resident alcoholic, Cedric Bore. All information gratefully received. Any resemblance to any person living or, preferably, dead is accidental, and in many cases deplorable.

I was present at the distressing elimination of the 1st XV from the UH Cup at the hands of St. Mary's. Without wanting to mention any names, that bearded chap who was alluded to last month for a different kind of extraneous behaviour, was spotted offside in the last minute in a position virtually up the referee's shorts. Not only did he proceed to pick up the ball, but first checked the exact alignment of the posts in order to minimise the difficulty for the Mary's full-back. Nice one Jamie.

A few days later, the subject of the above misdemeanour came up in H.Q. between the culprit and a rather dissatisfied scrum-half. Mickey Duff is now discussing terms with Docker's agent.

It has recently come to light that at least part of the blame for the very narrow defeat against Mary's in the Hospitals cup semi-final must fall on their captain. Very few can believe, even now, that he agreed to decide the venue for the match by the toss of a coin *over the telephone!* Of course, the coin was tossed at the Mary's end. One is often forced to listen to Jamie's lengthy explanations that it wasn't quite that bad, but it is still, quite rightly, something that he must never be allowed to live down.

I am delighted to report, somewhat belatedly I fear, about the foul wheeze played on the Greek Adonis in the final year. It would appear that he received a contact slip from the Lloyd Clinic, and duly turned up, despite the slip's being signed by a Dr. T. *Pallidum*. I understand that his mood was more one of relief than irritation.

I know that the Sister was only trying to be helpful, but the surgeon was a little miffed to find that she had not only drawn on the patient's abdomen where the colostomy site should be, but had also marked where he should make his abdominal incision.

Readers will be delighted to hear that Bob Knight is to take part in the next London Marathon. I can only hope that he will have begun to recover by then from the after effects of the notorious South Wales Society's hospitality.

It is not often that this column finds a chance to praise the behaviour of Guy's students, but I am delighted to report that our boys actually stood for Grace at a recent sailing club meet in the Robens. Which is a lot more than can be said for the scruffs from the public abattoir at Smithfield. The nice nauticals didn't even get drunk, so presumably Guy's aren't so bad after all.

Tarzan has been spotted in H.Q. this month without his loin cloth. He wasn't too happy about being refused an after hours pint of jungle juice, and being unable to find any convenient vine to swing from, had to content himself with hanging from the shutters, exposing himself to the unimpressed barmaid. This performance merits the award of B.P.O.T.M.

I witnessed some disgraceful narcissistic exhibitionism in H.Q. before the Toga Party from some (their word) beautiful members of the 1st XV. I'm sure Patrick and Adrian's buttocks are very attractive in the right location, but do we really need to have them blotting the horizon in the bar.

I understand that recent NHS cuts have had rather drastic implications for the Dental School. Apparently, the price of denture material has rocketed so high that recently one demonstrator was forced to send a patient away waxing lyrical about his prescription. I am confident, however, that his problem will melt away with a cup of tea.

Did you spot our editor's deliberate mistake on the notice board in an attempt to advertise this month's copy day? He has assured me that he will know how to spell Wednesday by next month.

Contact lens-flavoured Scottish Spring Water is now available from David Vickery at approximately £15 per glass.

A new service has been added to those already available in the Bar. Apparently, a pizza courier service has been introduced. See Matthew Davies for details.

It would appear that food poisoning is all the rage at the moment. Two gynae surgeons who ate the same meal went down with D+V recently, following the installation of new vending machines in the theatre suite. In future, will teams of surgeons have to eat different meals like airline pilots?

Cedric Bore

Correspondence

Hard to Swallow

Dear Sir,

I presume that the writers of "A Bitter Pill" in *Passim* are not parents.

Perhaps when they are, they will change their minds.

They might, by then, be so old-fashioned as to advise their daughters to preserve their virginity.

Yours faithfully,

MONTAGU MALLESON, L.D.S., R.C.S.,

15 Poynings Way,
Woodside Park
N12

"A Bitter Pill"

Dear Sir,

Your readers may be interested to know how the "Bitter Pill" referred to in the February 1985 *Gazette* (*Passim* p.49) has been tolerated in this Health District.

In 1984 our community family planning clinics, or the district Brook Advisory Centres, gave contraceptive advice to 601 young people under the age of 16. Many will have attended with the knowledge and consent of at least one parent as it has always been our policy to encourage this.

The 601 under 16's represent 2.2% of the total number of patients seen during the year (26,810). Figures for terminations of pregnancy and births in this age group are not yet available.

In 1983 the figures were very similar. We saw 567 clients under the age of 16 (2.1% of the total 26,580). In the same year there were 20 births to resident girls under 16 and 31 girls under 16 underwent termination of pregnancy.

We do not know how many young people under 16 attended their GP's for contraceptive advice, but in 1983 it appears that at least ten times as many clients in this age group were using contraception effectively as were becoming pregnant.

More than two months has elapsed since the Court of Appeal judgment in favour of Mrs. Gillick. We are therefore just beginning to observe pregnancies in girls who have been refused contraception as a result of this judgment. We shall not be able to compare our 1985 statistics with previous years for some time and it is doubtful whether we shall be able to rely on them when we do as some girls will undoubtedly be led to give false ages. The figures for termination of pregnancy in the under 16 age group, however, are likely to be accurate, and it will be ironic if the rate of termination of pregnancy in girls under the age of 16 shows an increase.

If so, those who (like Mrs. Gillick) seek to control others so completely and see moral issues in stark black and white terms will need to accept their responsibilities in this respect. In the meantime, family planning doctors, many of whom are middle-aged parents with plenty of teenage children of their own, will not be seeking to evade their responsibilities.

We would like it to be known that we consider it extremely important that teenagers of any age feel they can approach us confidentially for information and counselling (against which there is no injunction). We believe the Court of Appeal ruling to be a poor legal judgment (ignoring recent case law which has emphasised the increasing right of the child to self-determination, depending on the understanding and maturity of the individual) which has raised a veritable hornet's nest of new legal problems.

We also believe the judgment to be unworkable in practice and deeply offensive to us in our professional role. We have now found ourselves in the position of having to make a choice between doing what we consider to be in the best interests of those who seek our help, and acting illegally.

We may have grave reservations about the desirability of sexual intercourse in girls

under the age of 16. We may continue to have similar feelings for a girl over the age of 16. However, we are realistic enough to recognize that prohibition is at best ineffective and at worst counter-productive (a lesson Mrs. Gillick would be wise to heed).

We prefer to educate gently those we see about the implications of sexual activity at any age. We certainly share the view of the International Association of Maternal and Neonatal Health that pregnancy before 19 years of age is undesirable.

We further believe that contraception should be a primary means of fertility control and that termination of pregnancy only has a place as a secondary method.

We believe our desire to mitigate the consequences of early teenage sexual behaviour is consistent and responsible. Finally, we resent the claim to moral superiority of Mrs. Gillick and her supporters.

Yours sincerely,
CHRISTINE WATSON, M.D., D.R.C.O.G.,
D.C.H.,
Senior Clinical Officer,
Family Planning & Well Woman Clinics,
Lewisham & North Southwark Health
Authority

The Unpleasantness in Bucks

Dear Sir,

We "country boys" have enjoyed Mole and Ratty's report, and would like them to know that the same situation occurs in Bucks!

Have they any suggestions on how to get rid of blobs of blue tack or sellotape stuck on walls and windows, or, better still, how to stop them being applied in the first place?

Or, if the interesting graph is correct, how can we get rid of administrators and thus tidy the place up?

Yours sincerely,
A. WILD WOODER,
Bucks.

Book Reviews

"Bailey and Love's Short Practice of Surgery", 19th Edition. Pp. 1301. Price £28.00. Published by H. K. Lewis and Co. Ltd.

This book has for many years been the bible of those aspiring to the fellowship of a college of surgeons. As such, over its many editions, it has earned a number of epithets, some good and some bad. As a British textbook of surgery there has until recently been no comparable rival, but others have now appeared on the scene and the question arises as to whether the new edition will measure up to these competitors.

The basic format remains much as for the previous editions, but some of the material has been reorganized and incorporated into specific chapters. For example, in keeping with the increased violence in world societies, a separate chapter on War Wounds has been created, and the section on surgical nutrition expanded.

The expansion in the use of non-invasive investigations such as ultrasound, computerised axial tomography and Nuclear Magnetic Resonance is recognised. The sections seem to have been sufficiently updated to include new methods of treatment, such as laser and ultrasonic destruction of kidney stones.

First the good things in this book. There are some new additions as indicated above, some of the illustrations are superb and the text in general is readable, although personally I do not like the constant change in type size. The contents cover all aspects of surgery, and I think that there is still a place for such a book despite the wealth of specialised texts. There are dozens of vignettes to be found related to the history of surgery, and undergraduates will profit from browsing through the book for these.

On the debit side, however, having alluded to the additions, some of the chapters are hopelessly outdated. That on the oesophagus for example, contains half a page of pictures of Norman Tanner performing a rigid oesophagoscopy. The fibre optic instrument is dismissed in less than three lines, and unbelievably the statement made that with this instrument the view is limited! Perhaps this nonsense is not surprising since the picture shown on page 795 is of a

fibreoptic gastroscop which is now virtually a museum piece.

Many of the illustrations are poor quality, and it seems a pity to include expensive colour pictures of no value, for example that depicting a Dacron graft replacing an aortic aneurysm.

Fibreoptic colonoscopy is not mentioned in the index, and when included in the text is quickly dismissed. I realise that the editors consider the book to be read by a large number of overseas graduates, but from my own experience I know that colonoscopy is available in the most unlikely parts of the world where the quality of radiology is often indifferent.

I cannot recommend that the undergraduate student buy this book, although enjoyment can be obtained by browsing from time to time. The candidate for the FRCS will, I suspect, continue to use it, but British competitors are on the market. I personally feel that the time has come to stop tinkering and for a thorough revision of Bailey and Love's Textbook to be undertaken, weeding out that which is outdated or inaccurate, preserving and expanding on the good. If this can be done, and the general flavour retained, then an unsurpassable book would be available.

MARTIN JOURDAN

Senior Lecturer, Department of Surgery

"MCQ's in Psychiatry" by R. Manchanda. 1st Edition. Pp. 86. Price £3.95. Cover: Soft. Published by Churchill Livingstone.

Yet another MCQ in Psychiatry. Surely the market must be saturated. There can only be one explanation for their continuing appearance. There is an, as yet unidentified group of MCQ addicts using them as a form of self-abuse. Those wishing to form a self-help support group to resist these illicit pleasures please write to me under plain cover. In the meantime - which of the following has written an MCQ in Psychiatry?

- Bleuler
- None of the above
- One of the above
- Two of the above
- All of the above

B. K. ROSEN

Department of Psychiatry

"Aids to Psychiatry" by H. G. Morgan and M. H. Morgan. 2nd Edition. Pp. 183. Price £5.50. Cover: Soft.

"Self-Assessment in Psychiatry" by R. Farmer. 1st edition. Pp. 206. Cover: Soft. Published by Churchill Livingstone.

Both these books are intended for those preparing for the MRCPsych exam but will also be of value to interested undergraduates. They differ in format, "Aids to Psychiatry" being an advanced form of lecture notes, and "Self-Assessment in Psychiatry" consisting of multiple choice questions with short notes attached to the answers. Both have excellent lists of references and manage to avoid dogmatic oversimplification. There are, of course, a number of recent publications with similar format and aims. The book by Farmer was used by a recent exam candidate who found it to be the best of the available MCQ texts. I am less enamoured with "Aids to Psychiatry" but this is at least partly a personal bias against lecture note books.

B. K. ROSEN
Department of Psychiatry

"Textbook of Surgery" by Macfarlane and Thomas. 5th Edition. Pp. 468. Cover: Soft. Price £14.00. Published by Churchill Livingstone.

There are two categories of surgical textbook. First, there are the "heavies", mainly of value for reference but essential reading for fellowship candidates. Secondly, there are the didactic, short text books suited to the undergraduate whose curriculum is nowadays filled with such a wealth of other material. Macfarlane and Thomas's textbook falls into the latter class. Its greatest asset since the first edition was published in 1964 is undoubtedly the superb line drawings which serve to make a whole range of conditions clear to the student. These are so much better than the often poor quality photographs which adorn many other works. The text is in general accurate, up to date and readable and scorns the short note format which it could so easily have adopted. The authors have satisfactorily welded together the contributions of nine authors, and the text covers the full range of surgery from head injury to clinical nutrition. There is a good index and I was

pleased to see a chapter on the surgical aspects of pain. A few references for further reading are appended to each chapter and the book as a whole can easily and comfortably be carried in one hand.

The choice of any textbook is a mixture of personal preference and luck, the latter being an inevitable ingredient since each student cannot possibly review for himself all the texts available. I would certainly recommend this book, and can genuinely support my point by saying that I used its first edition when I was a student. I do not think this has done me any lasting harm – and in the modern world what further recommendation can you want.

MARTIN JOURDAN
Senior Lecturer, Department of Surgery

"Medicines: A Guide for Everybody" by Peter Parish. 5th Edition. Pp. 637. Price £4.95. Cover: Soft. Published by Penguin.

The subtitle of Peter Parish's book is "A Guide for Everybody". That is the difficulty in writing a book with real substance about drugs. A compromise has to be found between an easily understood book which does not contain much information (and which may have to sacrifice accuracy for simplicity) and a comprehensive and accurate text which only members of the medical professions can understand. "Medicines" lies between these two extremes but with a strong bias towards accuracy and completeness. Many sections will be hard going for the non-medically trained: what would most people make of "the (fibrinolytic) drugs activate plasminogen to form plasmin which breaks down the fibrin in thrombus"? or of the classification of receptors (α , β_1 and β_2) for sympathomimetic drugs? Despite such problems the book is magnificent. It covers drug actions, pharmacokinetics, drugs for various clinical problems and even vaccines and prostaglandins. Most important it discusses the dangers of drug use and indicates the many drugs which are prescribed but which have no useful effects.

Professor Parish has provided a powerful stimulus to the growing movement of patient self-help.

ROY SPECTOR
Professor of Applied Pharmacology

FOOTBALL CLUB U.H. Cup Final Guy's II v R.F.H. II Won 1-0

The second team's second Cup Final in five days saw a much prettier team take to the field. Keen to forget completely their passive attempt in Saturday's U.L. Cup, Guy's started well with much more bite and purpose in the tackle – doing what Emin Carapeti has been doing all season!

Royal Free were never allowed to settle into the game and Guy's should have taken a first half lead when Gary Lewin's close range shot was brilliantly saved.

Guy's midfield of Lewin, Dave Guppy and Neil Croucher were dominant and many attacks started from here and really should have resulted in goals as Nigel Marchbank and Paul Elphick had shots saved and Tim Harris shot wide of the post from 12 yards!



The score was nil-nil at half time and thoughts must have gone back to last year's Cup-Final – lost in the last minute of extra time. Skipper "Penalty-ace?" Jenkins' half-time team talk and the 'orrible sweet tea in the dressing room fired Guy's up to finish Royal Free off in the next 45 minutes.

So fired up were Guy's that we had to soak up some Royal Free pressure for the early part of the second half! Solid defence from Gavin Stokes – who *will* be starting work for finals . . . soon! and BJ's deft back headers kept us alive. Full backs Emin Carapeti and Keith Screene were tight at the back – turning defence into attack on many occasions and making quite sure that Chris Pocock had very little to do in goal.

As the 2nd half progressed Guy's step-

ped up the attacks and played much of the game in the Royal Free half. Lewin and Marchbank had shots in goal and Harris was made to chase after many over hit through balls – but he refused to shoot on every occasion!

As Guy's pressure increased it seemed that it was going to need to be something very special to break the Royal Free defence – and indeed it certainly wasn't – a frantic goalmouth incident with half the Guy's team strolling around the Royal Free penalty area. Nigel Marchbank just beat the Royal Free keeper to the ball after some hesitation by the Free defence. Guy's were ahead in a football cup final – something that nobody alive today can ever remember before! In spite of Royal Free's protestations for

"handball" or "foul" or "offside" the goal stood and after that Guy's continued to attack, but the brilliant finishing that has brought them 83 goals this season had deserted them!

The final whistle was the signal for the celebrations to begin. Special mention must be made of Supersub Phil Price who stood by admirably for both finals.

Thanks are also in order to our faithful and noisy fans who nearly all did us proud, and especially to the Club President Professor Robinson who has had to stand and watch so many cup final losses that he was resigning himself to waiting for the "law of averages" to come up and help Guy's win!!

Team: C. Pocock, G. Stokes, E. Carapeti, K. Screene, B. Jenkins, D. Guppy, G. Lewin, N. Croucher, N. Marchbank, P. Elphick, T. Harris, Sub. P. Price.

Guy's 4th XV Rugby Tour to Scotland

Two games were arranged. Both 500 miles away. Both morning k.o.'s. Blizzards were forecast. Who in their right mind would go on such a trip? In true fourth team fashion, the final places in the party of fifteen were left vacant until the night before – the final player eventually being persuaded half-an-hour before we were due to leave.

The "Tartan Tourists" assembled in the Spit where each received a very attractive bow-tie, which was to be worn at all times. The Barry brothers left to collect the minibus with the rest of the party following on shortly afterwards. The bus was new, comfortable and looked good, but took a dislike to leaving London and promptly broke down at Luton. This was not a good sign. Both minibus and captain received much abuse – this seemed to do the trick and the bus restarted and we continued as before. Another eight or nine similar stops were necessary before the 12hr journey was up. A brief note must be made of Marcus' total incompetence in drinking games and of Pat Davis who has still to learn his seven times table.

Scotland welcomed us with blizzards. A brief stop in Edinburgh for 14 pints of "heavy" and a coke, then on to St. Andrews. More snow. The boarding house was spacious and the pubs stayed open late. A disco at the University saw Chris "Super Stud" Barry move in for the kill. Vickery put a stop to that. Yet more snow, and the prospects for rugby on Saturday looked bleak.

The game went ahead despite a couple of inches of snow on the pitch. The opposition (RAF Leuchars) were two short so we were only too happy to lend them the "Irish Fool". The pitch was beautiful to play on and the game was keenly contested by both sides. There was no score until late in the 2nd half, when a charged down clearance kick saw novice scrum-half Vickery neatly dribble through and score in the corner. 4-0 was the final score and all had played well.

Then it was off to the pub to watch the International – Scotland lost again. Sad. Gould aims for a 3 o'clock closing time, forgetting that the pubs don't close, and later regrets this rather rash move. The trip back to St. Andrews was marked by Pat "Beach Boy" Davis practising his surfing on top of the bus aided by Vickery who tried his hand, or rather foot, at panel beating. "Super Stud" tried again, but fell asleep leaving the wrong man to do the job on the 14th green. The drinking was taking its toll and numbers gradually diminished leaving only Charlie "Porno" Pugh talking to the natives. Marcus and Tighe can count themselves lucky that the Chinese don't run too fast in Scotland. That evening the single most stupid event of the tour was to occur when Simon "No relation to the Captain" Caruthers drank one of Dave Vickery's contact lenses – what a prawn.

Breakfast was less lively than the previous morning, but the snow had gone and the landlord must have already been at the bottle. Another morning kick-off – same place, same pitch and almost same opposition – another RAF Leuchars team. Again they were a player short and the ref hadn't turned up. I knew I had asked C. Barry along for a reason. He wasn't happy. The game saw four beautiful tries scored the first was a break through the middle, with Shannon running, yes running, the last 30 yards to score under the posts. Vickery managed to focus enough to score from close-in and Thomas made a fine run to add four more points. The try of the tour came from Field who had yet to catch the ball. The ball was easily won at a line-out in the opposition's "22" – Vickery flicked the ball out, and it moved sweetly down the line for Field to score in the corner. Shannon, exhausted from his earlier exertions, reffed the 2nd half and showed us that he was still as lazy as ever. Unfortunately we had one large drawback – Simon "Dopey" Harvey – he gave away three tries and dropped two of ours. We lost 26-18.

Five of the tourists then returned to London by train – obviously fearing the bus journey, thus leaving the remaining ten to celebrate again. The day's penalties were dealt out, with C.B. taking a dislike to his, so he refilled his pint and two others all in one go. The captain at last went around in only his kilt, but this turned out to be too much for Vickery and Thomas who tried their hardest to arouse him – they thankfully failed.

The team left early the next morning with the remains of last night's exceedingly hot take away madras still lingering on the bus floor. The journey back had the bus performing better, but poor Richard had obviously eaten something the night before that didn't agree with him (a likely story) – Vickery was more offensive than ever, and the birth of "Boff Busters" didn't help.

All returned to London safely in time for a quiet pint in the bar. A note must be made of "Sipper" who incurred no penalties on tour and to "Super Stud" who failed again on Sunday night. Thanks to Pete and Chris for driving. Let's hope we can go again next year.

Team: Barry, Pugh, Littlejohn, Davis, Gould, Shannon, Barry, Caruthers, Vickery, O'Malley, Field, Carruthers, Thomas, Tighe, Harvey.

"The Best Dressed Woman"

MIXED HOCKEY

United Hospitals Mixed Tournament

The history of this tournament is pretty brief; it was first held last year and won by Someone. On Sunday 10th March a very confident Guy's side gathered at Cobham (Surrey) with the intention of eclipsing all the opposition with the dashing good looks and dazzling skills that were inherently ours.

As ever the organisation involved with raising a side and making sure that all the players knew where to meet and when was too much for the "Tall Teuton". Nevertheless all went smoothly apart from the notable absence of "Noble Norm". Cobham in Surrey was what we said. So "Norm" ventured into Kent!?

The usual posing went on as the "Babes" and the "Dudes" appeared from the arctic changing rooms and were unavoidably

compelled to listen to the address of the tournament organiser Chris Chandler. A synopsis now follows for those who want to know the terms upon which our "Massacre" was founded: seven teams; two leagues; top two qualifying from each; three points for a win, one for a draw and one for each goal scored; semi-finals between the two qualifiers from opposing leagues; winners in the Final et cetera. We used the St. George's pitches which were a bit young and a touch soft not playing too well as a consequence.

Our side featured Neale in goal (thankfully), Zena and Alan "Lobolette" at the back, Annette "Kure that Post" – right half, the "Tall Teuton" or "TT" (intchangeable) at centre half, Fiona "Fifi" Clark in the left half slot, Clare "Chivers" Chavasse – right wing, "Cranny-poodles" inside, "Deadly Deb-B" as goal-hanger, and Cressida linking up that cosmic enthusiast's enthusiast Waseem on the left up front.

Game one, first minute and Guy's were one goal down to one of the two "George's" teams. Then as the confidence of the girls increased we were able to score twice through Cranston; two brilliant goals and I would be the last to concede that. He was clearly in one of the moods which makes him so popular in sporting circles at Guy's – making an effort (producing the goods) when the cameras are clicking and then trying his hand at cooking the next time he is "needed" to play. Anyway a very good start. In the second game against the Middlesex everybody lost their heads in-front of goal in what could have been an utter annihilation. A one-nil victory.

Two wins yielding nine points. At this point Sue Hamilton turned up fresh from a "Rest of the World" training session – well nearly. Against Charing Cross-Westminster (probably the second best team at the tournament) the fact that our "garruls" as well as being more numerous, were also a class above those of the other teams, became delightfully obvious. Heavenly play. A momentary lapse from Neale meant we only won 3-1.

In the semi-final against King's the lack of fitness in the central midfield area began to affect the momentum of our play, a "flick" was missed by "I ain here most of the time" so the game ended as a deadlock to be decided by more penalty flicks. High drama! Neale with a nonchalance that was mind-boggling saved two flicks. On the



"True Grit and Tenacity in the Bar"

taking of flicks Debbie was a star inspite of stage-fright, Waseem fooled the keeper as to his choice of direction so-much-so that the keeper did not move, whereupon "Waz" flicked it straight at him. The "TT" produced a flick which the goalie could not move slowly enough for as he went to save it. Scraped through the semi-final then.

The other finalist was the London, a team which Neale was a bit shy of after his outrageous outburst in a Men's match the week before. Again a slightly ataxic performance with poor Sue being hit on the head horrendously hard twice, first by an absolute meatcake who didn't even apologise and then by a ULU colleague of hers. The London scored and then Cressida equalised with a scorching delivery from the edge of the circle – what a relief! A perfectly good goal from the "TT" was inexplicably rewarded as a short corner because it "had hit a defender's foot on its way into the net" (WHAT?! – obviously a transatlantic nuance). Tied scores again; extra-time and no joy, so once more to the merry art of flick-taking. What a hero Neale was! The

darling of the team balletically saved another two out of five flicks (could this be a vocation?). "Waz" tried to produce his form of the previous flick-taking against King's but the goalie did not play the part right. "Fifi" matching her play throughout the tournament took a super flick which the grizzly bear in the London goal saved by collapsing to his left (which incidentally he did for all the flicks only Fiona had not noticed). A victory by the narrowest of margins but of the overall performance, what were we? Yes, we were WINNERS!

Egg Pusher

LADIES' HOCKEY

The ladies' hockey club bow down to the sarcastic humour of the Sports Editor – and thus this month will merely publish their latest results:

vs. Goldsmith's:	Won 3-0
vs. University College II:	Lost 5-3
vs. University College Hospital:	Drew 1-1
vs. University College I:	Lost 6-1

The Bath Still Bubbles

RIFLE CLUB

With a considerably larger squad than last year we have been able to assemble a more effective team which is currently placed 2nd in the U.L. League, with two more matches to go. After a poor start with losses to Imperial and U.C.L. we improved our match average steadily to gain six successive wins. Holden has shot consistently well and has the top match average of 96.9 out of 100.

The Freshers have produced some promising talent – most notably Caroline Alexander from the physio school. Smallwood, Quinn and Horner have been shooting for the University and on the home front Barltrop has given us solid support – even if his ambidexterity has left him undecided which way to shoot.

A generous grant has enabled us to buy much needed equipment to replace antiquated stock and with this, the invaluable offer of coaching by old Guy's men and our swelling numbers, we should provide a strong team for the summer full-bore season.

S.H.

MOUNTAINEERING CLUB March Trip

The weekend of Mother's day saw a depleted selection of "Outdoor Hearties" leave Wolfson in ominous sleet. The numbers were less than usual due presumably to exam pressure and perhaps also the fact that the weather for some time had been a bit boring. Would you believe it? We had to put up with five first year "Wendies", a forbidding thought at the best of times, but with the prospect of possible tent-sharing utterly scary! We arrived at Hagg Farm, a luxuriously appointed campsite, and for some odd reason the Henshaw/Dacre quintet failed to exploit their position of power and all wriggled into the same tent (a Mach V).

It would be a real travesty for me not to mention the total familiarity with the surrounding area which Lynton has (I have now). Saturday morning was a very unpleasant encounter for those who do not like encounters when they crawl out of their tents; driving snow and a real edge to the wind. Team decision making was not as futile as it is when more people are on the trip and it was soon agreed upon that we should go for a protracted stroll on Kinder Scout. All sixteen of the trip members departed together aiming to ascend via

Jagger's Clough and then play it by ear (or by compass as it turned out to be). Ploughing across Kinder Scout in the cloud when the clouds are snowing wetly is a truly cosmic experience! In spite of the appalling conditions we frisked around in a totally light-hearted manner. Lynton navigated most of the time and was determined to arrive at the highest point of the very flat plateau. He received some "jip" for his pains because other members of the party did not fancy walking round in circles. The descent was made down Jacob's Ladder on bum, belly or in "Poly-bags", great fun! At this point the protracted stroll began for real and after refuelling in the pub at Edale, Lynton skilfully conned the majority into following him on the roundabout route back to the campsite. The final verdict: a very long walk!

Later in the pub after immunising all present by overloading their minds with stupid bar games, a culmination was reached with the "Matchstick game". This game proved to be a success with the locals as well as ourselves. Going round the circle matches are balanced across the open end of a normal lager bottle. Providing the players take care a sizeable stack soon builds up. Matches which fall off are kept by whoever caused them to fall off. After some preliminary failures a long sequence began with everyone showing real dexterity especially Maria who could get the matches to stay on even by throwing them. After a while some bored Derbyshire pub-goers were attracted by the sighs and cheers and provided us with a running commentary of our efforts. Lynton was dubbed "Sheffield" (I wonder why) and the locals were on the verge of putting money on who would be least likely to disturb the large pile when one of the real Wendies decided that it was time to leave. The stack collapsed and 178 matches were counted.

On Sunday the weather was just fine. The two minibuses chased each other up to Stanage where we had decided to spend the day. Lynton and Thomas persuaded the more idle that to climb was the best recipe for a good day. Surprisingly this elicited a favourable response and Helen, Jane, Gerry, Simon and Waseem tried rockclimbing for the first time. Lynton, as is his wont set up the abseil and coaxed the newcomers to partake of his favourite pastime. All climbed up like monkeys except Jane who wanted to try the more advanced "pendulum" technique. The whole morning was very whacky

and we even had the chance to acquire a bit of colour. The remainder of the crowd had chosen to walk in the area of Stange and met up with us at the top of the climbs.

Cream teas in Castleton gave us time to recover before the depressing trek back to London. Waseem managed to decorate the van with a dent or two whilst Tom in the same van succeeded in running out of petrol in the slipway off the motorway just getting into London. All safe and sound on our return again and a very successful hop a week later. Thanks everybody!

Fabrizio⁻¹

SKI CLUB

Guy's go to Méribel

On Friday the 4th January, 1985, Guy's ski club departed from Gloucester Road by coach for the French ski resort of Méribel. The party consisted of fifteen dentists, seven student nurses, four physiotherapists and four medical students. Skiing ability ranged from beginner to advanced.

The journey took twenty-two hours, passing through Boulogne, Lyons, Moutiers, finally arriving in Méribel at Saturday lunch-time. Without unpacking their bags, half the dentists and one "powder-hound" nurse were out on the pistes.

Méribel - "la coeur des trois Vallées" - is the most extensive skiing area in the world. The ideal resort for Guy's ski club's first holiday. Méribel lies at an altitude of 1600m in the "Haute Savoie" region of the French Alps, overshadowed by Mont Blanc. Its lift system interlinks with the other ski resorts of Courchevel, Val Thorens and Les Menuires, giving an amazing 500 kilometres of marked runs.

With the Alps having a third bad start to the winter season, we were fortunate that it had snowed for 3 days before we arrived, giving 15cm to the lower slopes and 50cm to the upper slopes.

The majority of the party had ski lessons, of various grades, consisting of 2 or 3 hour lessons each day. The local tour reps., Neil and Mark, also provided ski guidance at the resort. These sessions were very enjoyable, with different standards being taught each day. The skiing possibilities were endless, and as the lift pass covered the whole "trois vallées", a greater number of runs could be skied in a day. As the lift system closed at 4.30 pm, it was important that you managed to get into the Méribel valley in time,

otherwise it was an expensive taxi back to the resort. The beginners had an extensive nursery area at Méribel *altiport* and above the *rond point des pistes*. The former is a golf course in the summer.

The weather during the holiday was sunny, but very cold; in fact the coldest the resort had known. Temperatures of -30° centigrade were recorded for five of the days we were there. Extremities were cold to say the least. The restaurant, La Saulire, on the top of the mountain was a welcome spot to thaw out. Gluhwein and hot sweet tea soon revived those parts that other Prices ranged from £1.20 for a cup of tea to £2.00 for a plate of chips. The "Spit" seems quite cheap by comparison!!

We all stayed in self-catering accommodation in the resort; the apartments were equipped with all the necessities and a few extras. Après ski in Méribel tended to revolve around chalet life. The "happy hour" in the Piano bar was very popular as was the "Santa Maria" pizza restaurant. A fondue evening was arranged for the last night in the resort. The week had been a great success with no major injuries and everyone improving on their skiing technique. There was a hint of sadness, or was it relief, as we boarded the coach for the journey home. Skiing was over for another year.

Neil Edney

PARACHUTE CLUB

Tuesday 12th February, 1985, brought parachutists to the Guy's Hospital Parachute Club Dinner, held for the first time at the Cumberland Hotel Carvery. Also present were representatives from Guy's Hospital Evelina Appeal and from the parachute clubs of King's College and Imperial College. Needless to say there were also several Parachute Club sympathisers who hadn't yet plucked up the courage to jump.

After everyone had eaten as much as they could, Tony Tamar, President, rose to give a speech, congratulating the club on staying in existence for a year, and also questioning the sanity of the members of the club. Lesley Rees and John Pearce then told us something of the Evelina Appeal before Sheena Pollock presented a cheque for £509.50 to Lesley for the Evelina Appeal, which had been raised during a sponsored jump held on Wednesday 29th August (see December edition of the *Gazette*).

Finally Geoff Tothill, Chairman, presented the 'golden Duck Awards' of 1985. The winners were as follows:

- 1: Most money raised during sponsored parachute jump: Ruth Borley.
- 2: Fastest progression to freefall jumping: Adrian Simons.
- 3: Most stylish first jump: Aman Coonar.
- 4: Most "impressive" landing: Mark Penwill (for landing in the river!).

5: Best comment on leaving aircraft: Carrie Rosen: "Geoff Tothill, come on down!".

6: Best excuse for not jumping: Graham Robbins: "I'll do it up north; they tell me the weather's better!".

7: Whip it Out Award – for best reserve drill: Geoff Tothill.

Helen Crimlisk

Hospital Information

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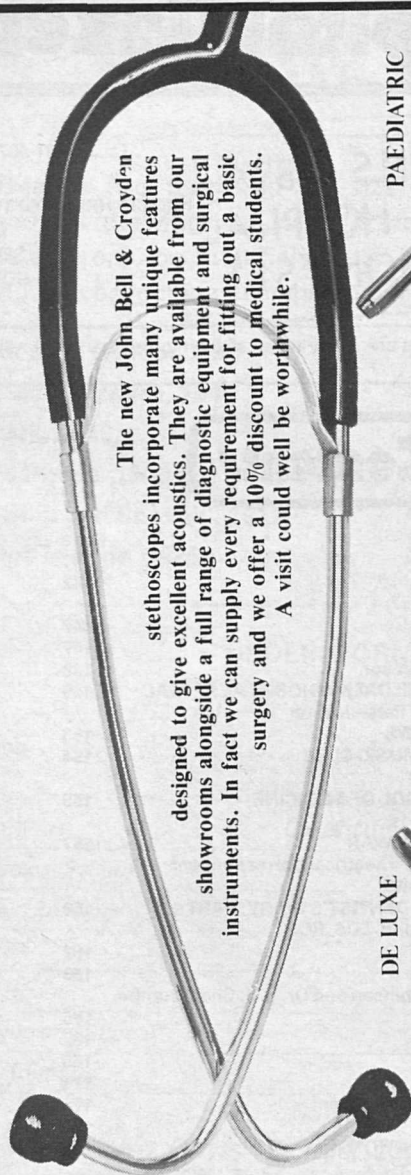
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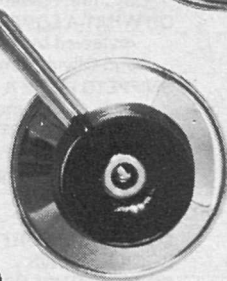
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A NEW GENERATION OF PRECISION MADE STETHOSCOPES OF THE HIGHEST QUALITY

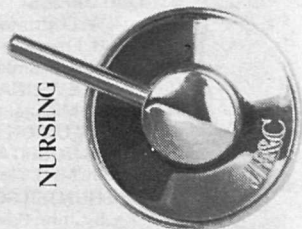
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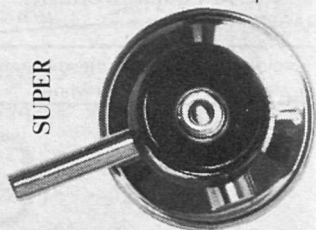
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No-one can deny that medical technology today seems to develop hand-in-hand with a variety of computers. This seems sensible; medicine is a progressive subject. Whether we actually require all the high-faluting technology is a separate, debatable subject. But how useful are the computers in the less glamorous areas of medicine and dentistry, such as general practice? More and more group practices are investing in a computer. What benefits will they reap? Firstly, the storage of medical records on floppy discs will undoubtedly save valuable space, but who will feed this information onto the computer? Apart from the onerous task of initially transcribing all existing records, the average G.P. would probably require a terminal in each consulting room, to up-date the information on each patient as he sees them. A distinct advantage in the storing of medical records on computer could be the inclusion of investigation results such as X-Rays, actually imaged on the screen.

Secondly, the computing companies recommend the use of computers for repeat prescribing. However G.P.s must still sign the prescription forms, and it does take some time to change the dosages or brand of drugs prescribed on the computer. If the G.P. concerned does have a lot of repeat prescribing, this may be of value when organized properly, but surely it is not worth it for the average number of prescriptions written daily. Thirdly, an important advocacy of computers is in preventive medicine for example, to provide an easily accessible reference of those who require cervical smear tests. This may prove costly to G.P.s as, although they are paid for each smear test they do, it may not outweigh the cost of posting many reminders to women who choose to ignore them. One cannot doubt the advantages of computing in its ability to sort rapidly through records for the purposes of research. How many G.P.s would use this facility?

Are computers cost-effective? Surely additional hard and software have to be purchased and added to the basic micro-chip. Extra staff may have to be employed to actually transcribe the records or programme the computer initially. How often do they go wrong, and how accessible will the medical records be at these times? Will the local Family Practitioner Committee be able to link practice computers to a central F.P.C. computer, or will details of new and old patients be passed on as computer print-outs?

Finally, as the way ahead is irreversibly linked with computing, surely a course in computing as part of the M.B., B.S. and B.D.S. degrees would be beneficial. At present on the M.B., B.S. course the students receive one lecture on computing, and this is purely aimed as an introduction to the concepts and uses of computers in medicine.

Front Cover

The front cover shows a water colour painting of the consultants' car park at Guy's recently displayed in the 407 Art Club exhibition. It was painted by Dr. Terry Gibson, Consultant Physician at Guy's. The Exhibition will be reviewed in the next issue.

Dr. Houston's Portrait

Our readers may be interested to know that the portrait of Dr. Houston which was painted last year prior to his retirement will be exhibited by the artist George Bruce in the Royal Society of Portrait Painters' forthcoming exhibition to be held at the Mall Galleries from 31st May to 13th June.

NMR Scanner

An NMR scanning unit is being created in the new Department of Radiological Sciences, with a large scanner and a small one, at a cost of £1.56 m through the enormous generosity of the Philip and Pauline Harris Trust and the Special Trustees of Guy's Hospital. The latter are contributing £200,000 towards accommodation for the unit. All the remainder is being granted by the Trust, which also endowed the new Chair of which Professor Maisey is the first holder. This brings the Trust's benefactions for the new Department to over £2 m and will give the Department a magnificent medical research system. A fuller report will follow in a subsequent issue of the *Gazette*.

Thomas Hodgkin

In 1825 Thomas Hodgkin established the highly renowned Gordon Museum at Guy's. This year in July there is to be a Thomas Hodgkin Exhibition in the museum. This will be open 9 a.m.—5 p.m. daily, Monday, 15th July until Friday, 19th July. Coinciding with the exhibition, on Monday, 15th July we are honoured to welcome Professor and Mrs. Edward Kass, from Harvard Medical School, who will lecture on "New discoveries about Thomas Hodgkin's life." This lecture will take place in the Harris Physiology Theatre at 3 p.m. Everybody is welcome to attend, admission is free. Professor and Mrs. Kass will also be unveiling a GLC Blue Plaque at No. 35, Bedford Square, London W1. This ceremony is to take place at 11.30 a.m. on Monday, 15th July, 1985. Anyone interested in Thomas Hodgkin is welcome to attend.

Guy's Hospital Rugby Football Club

The Annual General Meeting will be held on Thursday, 6th June at 6 p.m. in Boland House. All welcome.

Referees

G.H.R.F.C. are appealing for experienced and enthusiastic referees to assist with the marshalling of the junior club fixtures. Would those interested please contact the club secretary.

200 Wine Club

Prizewinners for March — R. Long; April — E. Rose; May — P. Burns-Toscard.

A Farewell Ball

The London Bridge Players Club are holding a Farewell Ball on Monday, 24th June, 9.00 p.m. – 3.00 a.m., in the Glaziers Hall. The evening is to begin with a champagne reception in the Ballroom at 6.00 p.m. with a final year photograph, courtesy of the Medical Sickness Society. Other entertainments include dancing to Plasma Road Show and a band, a tombola and a casino. Tickets are available from Boland House and members of the London Bridge Players Club at £25 a double.

Guinness Walk

The Guinness Grand Union Canal Medical Meander took place on Saturday, 11th May this year. The organisers of this renowned event are producing a special G.G.U.C.M.M. News this year – a compilation of past and present anecdotes from the walk. If anyone has an interesting or humorous story to relate from past meanders or would like to receive a copy of their 1985 Newsletter they should contact Tony Fitzpatrick, Granard Communications, 4–12 Lower Regent Street, London SW17 4PE.

The British Holistic Medical Association

The British Holistic Medical Association (B.H.M.A.) was founded in 1983. Membership is open to all doctors and medical students, irrespective of speciality or qualifications. The public may join as Associate Members.

Students may join the B.H.M.A. at half the full rate of £10, and there is a student branch which runs its own workshops.

Further details can be obtained from Alison Walker (c/o Boland House) or the B.H.M.A., 179, Gloucester Place, London NW1 6DX.

St. Thomas' and Guy's Historical Essay Prize 1985

The Lord Brock Memorial Trust, which is responsible for the old St. Thomas' Operating Theatre and Museum near Guy's, holds an annual competition for an historical essay on a medical subject. The prize is £100 and the winner is also granted 3 years' honorary membership of the Faculty of the History and Philosophy of Medicine and Pharmacy, Worshipful Society of Apothecaries.

Prospective entrants should obtain approval for their proposed subjects from Mr. B. T. Jackson, Consultant Surgeon (if based at St. Thomas') or Professor I. McColl, Professor of Surgery (if based at Guy's). Any medical historical subject can be chosen, but there should preferably be some connection with St. Thomas' or Guy's. An acceptable example would be "The Association of Guy's and St. Thomas' Hospitals with the Borough and its History".

Essays should be typed and of not more than 5,000 words. Three copies should be submitted to Mr. Jackson or Professor McColl. Publication will be encouraged.

The competition is open to everyone associated with St. Thomas' and Guy's Hospitals and Medical Schools. The closing date is 31st July, 1985.

Lionel Penrose Award

MENCAP is launching an annual 'Lionel Penrose Award' of £300 for a paper, which in the opinion of MENCAP's Medical Panel, is of considerable merit and is concerned with the improvement of the lives of people with mental handicap. Closing date for submission of papers is 1st October 1985. Papers should be sent to Mary Holland, Secretary of the Medical Panel, The Royal Society for Mentally Handicapped Children and Adults, 123 Golden Lane, London EC1Y 0RT.

Scholarships 1985-86

Applications are invited for the following Scholarships for the Session 1985-86. Forms are obtainable from the Dean and should be returned not later than 30th June 1985.

The Beaney Scholarship in Materia Medica

Candidates for the Scholarship must have received at least part of their medical education at Guy's. The object of the Scholarship is to advance knowledge of Materia Medica (including Pharmacy, Pharmacology and Therapeutics) by supplying the Scholar with the means of carrying out original investigation in these subjects. The Scholar holds the Scholarship for three years and is eligible for re-election. The Scholarship is of the annual value of approximately £1,000.

The Sir Alfred Fripp Memorial Fellowship

The Sir Alfred Fripp Fellow is required to promote the advancement of knowledge and research in Psychology, more particularly through the study of children in health/disease. The Fripp Fellow is allowed opportunities for study in the Department of Paediatrics and the Department of Child and Adolescent Psychiatry at Guy's and is required to submit with his or her application a definite scheme of advanced study or research to be carried out during the tenure of the Fellowship. The Fellowship is ordinarily for a period of two years, but may be renewed for a further period of up to three years. Candidates must possess a registrable medical qualification and should not be more than 35 years of age. The value of the Fellowship is up to £4,500 per annum according to the seniority of the holder and the amount of time to be devoted to the Fellowship.

Dr. James Leighton Hopkins Travelling Scholarship

Candidates for the Scholarship must be registered Medical Practitioners, who trained at Guy's. The purpose of the Scholarship is to assist the Scholar to travel to gain further experience. The value of the Scholarship is up to £1,500.

The Lambrinudi Memorial Scholarship

Candidates for this Scholarship must be male students who have completed their preliminary training in Orthopaedic Surgery and have held the post of Orthopaedic Registrar in a Teaching Hospital within the Commonwealth and who wish to further the study of Orthopaedic Surgery by postgraduate study, research or travel. The value of the Scholarship is approximately £450.

The Francis Lett Scholarship

Candidates for the Scholarship must have studied at Guy's. The Scholarship may be held by itself or in conjunction with other Studentships. The purpose of the Scholarship is to enable the Scholar to obtain experience in other Medical Schools or Hospitals, at home or abroad. Candidates must submit their proposed programme with their application. The Scholarship is of the value of up to approximately £1,500.

The Hilda and Ronald Poulton Fellowship

The Poulton Fellow carries out research in the Department of Medicine at Guy's under the direction of the Professor of Medicine and the object of the Fellowship is to increase the knowledge of the origin, progress, treatment and cure of obscure diseases in man. The Fellow is appointed for two years in the first instance and possible reappointment from year to year. He is required to work at least half his time in the Department of Medicine and may hold another appointment at Guy's in the Hospital or School. The present value of the Fellowship is approximately £900 per annum.

The Adrian Stokes Memorial Fellowship

The Fellowship is open to registered Medical Practitioners or Graduates in Science, Pathology or Bacteriology, to carry out further study in Pathology or Bacteriology in any of their branches. The Fellow is required to carry out this study during a period of not less than six calendar months in his year of tenure at a University, School or Hospital, or other institution, subject to the approval of the Academic Board, except the School in which he has received his medical or scientific education. The Fellowship is of the value of approximately £1,650.

Mr. Peter Hutton

Mr. Peter Hutton, F.R.C.S. has been appointed orthopaedic consultant at St. Stephen's and Queen Mary's Hospital, Roehampton. His father, Dr. Michael Hutton was an anaesthetist at Guy's.

Guy's Hospital Gazette



We should like to remind our readers that all copy for inclusion in the "Gazette" must be received 15 days before publication. Copy dates for the next two months are June 12th and July 10th.

Copy may be sent to us at 23b St. Thomas' Street, Guy's Hospital, SE1 9RT.

Birth, Marriage, Death and Change of Address notices are inserted without charge to subscribers.

When subscribers notify the "Gazette" of Change of Address, would they please indicate whether or not this should be published.

Personal notices are charged at 10p per word (prepaid, minimum £2.00).

Non-subscribers are charged £2.00 (prepaid) for all notices other than Death.



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Obituaries

Wilfred Danvers Brinton

Dr. Wilfred Brinton, D.M., F.R.C.P., retired Senior Physician of the Royal Hampshire County Hospital died near his home in Scotland at the age of seventy-four, 10th April 1985. Wilfred Brinton was born in 1911 and was educated at Eton, where his father was a Master, then at New College, Oxford. He attended Guy's Hospital, was an outstanding student and of such character that he is remembered well throughout that time.

With the outbreak of war he joined the R.A.M.C., was posted to Portsmouth, applied for a job in Iceland but in view of his talent for speaking Italian was posted in 1940 to Egypt and then subsequently served in Italy. He returned to Guy's Hospital in 1945, as a Senior Medical Registrar. In 1950 he was appointed Consultant Physician to the Hampshire Group of Hospitals with responsibilities particularly at Winchester, but also at Alton, Basingstoke and Andover.

Wilfred was an outstanding man in many ways with wide cultural interests; archaeology, music, art, bird-life and he had a fascination for the Western Isles of Scotland. As a doctor and physician he was superb. He was an avid reader with an interest in history and scientific journals and as I recall, a devotee of the *Scientific American* in particular. Experiences in childhood fostered his love for the West of Scotland and led to his retirement with Barbara in 1976 to Arisaig.

I was his colleague for many years and can testify to the outstanding talent of this man, his great integrity, his humour, intellect and most of all his kindness which occasionally was obscured by a deceptive, rather brusque, precise manner. His colleagues and his patients can testify to Wilfred's outstanding qualities and he will be dearly missed by his old friends, particularly by his colleagues here at the Royal County Hospital.

He had the devoted support of his family, Barbara whom he married in 1940, Veronica and Meg. To them we extend our love and sympathy.

D.A.F. McG.

Dr. Harry Freeman

The death of Dr. Harry Freeman which occurred towards the end of 1984, in his 70th year, should be brought to the notice of readers of this journal. It will produce a sense of loss to many generations of Guy's men. He was educated at Colfe's Grammar School in Eltham and entered Guy's in 1935 where he continued as a student for some 11 years before he qualified LMSSA in December 1946. He thus had many contemporaries as a student and after entering practice in Stockwell in 1948 he continued to have a close association with the hospital and with his many medical friends until he retired in February 1984. Harry was from a bygone era and he was the sort of character that regretfully we shall not see in the medical schools of the

future. He was larger than life and the stories of his adventures are legendary and often recounted with relish and with enjoyment when Guy's men get together. His kindness and generosity to his friends and to the young, usually anonymous, were a part of his endearing character. He was a most loyal friend and supporter of his Alma Mater, and all other London Teaching Hospitals were classified as abattoirs not worthy of consideration.

He had many other activities apart from his practice including Medical Officer for 25 years to the Army Cadet Force from which he retired with the rank of Major. He was well known in Rowing Circles which was one of his major interests. He was a Vice-President of the Guy's Rowing Club and Honorary Medical Officer to the Oxford University Boat Club for 27 years and he and his wife Margaret frequently accommodated crew members during their training period on the tideway prior to the Boat Race. He was a member of the Leander Club at Henley and a member of many London Clubs including the Athenaeum, the Army and Navy and the Naval and Military Clubs. He was usually to be found in his London Clubs after work on a Wednesday, when if you felt a bit low before meeting him, you didn't afterwards. He turned up regularly to the Guy's South Wales and Monmouthshire Dining Club, where he was initially a self-appointed member and later made a life member, and invariably provided a speech outlining the requirements for students for the future and the way the hospital should be thinking. During the latter years of his life he suffered from coronary disease, which he largely ignored and did not allow it to interfere with his enjoyment of life. One always felt a bit better after bumping into Harry and hearing some outrageous story and life won't be the same without him.

G.W.S.

A. P. Bromley Sibson, L.D.S., R.C.S. Eng.

Known as Patrick by all his friends. Born in Cheshire on February 15th 1929 the son of Mr. and Mrs. John Bromley Sibson and educated at St. Bees, Whitehaven, Cumbria.

On leaving St. Bees he joined the Royal Marines and served in Malta and Palestine. On completion of his National Service in 1949, he spent a year becoming rehabilitated to civilian life and catching up with his studies in order to enter Guy's Dental School in 1950. Qualifying in 1956 he did various locums until 1959 when he opened his own surgery in Forest Hill. Once established, Patrick employed many postgraduates from all over the Commonwealth and afforded them every help and encouragement. Over the years Patrick gradually developed a private practice and it is to his credit that the majority of his NHS patients stayed with him. Patrick had the highest of ideals and a definite feeling for dentistry and each patient was given treatment second to none. If a job was worth doing it had to be done to the very best of his ability.

In 1954 Patrick married Betty G. Griffiths who had been a pillar of support during his student days and together they built up a practice which

was the envy of local associates. The going was far from easy and pleasures had to be sacrificed for much needed equipment and the ever increasing overdraft. Irrespective of hour or day, anyone in distress was never turned away. On one occasion Patrick was dressed ready to leave for a friend's wedding, but the patient came first and the wedding was only made with minutes to spare.

On February 22nd Patrick and his wife took off for a much needed and well deserved break in the Leeward Islands, making Nevis their first port of call, but the holiday they had both looked forward to was cut short as Patrick suffered a fatal heart attack in the early hours of the 27th February and never regained consciousness. He was buried in the little church yard on the side of the hill overlooking the Islands with which he had fallen in love.

Knowing and having had a deep and lasting friendship with Patrick for over 30 years has been a privilege beyond valuation, as men of his integrity and kindness are few and far between. Far beyond his professional role he helped so many, many people and will be greatly missed by all who knew him, but more especially by his wife Betty who had worked by his side in order to achieve a practice of repute.

V.A.R.

Guy's Evelina Children's Hospital Appeal

by Michael and Peter Joseph

Sponsored Woolwich Walk – 3rd February

A number of groups of participants in this event are still collecting money from their generous sponsors; this exercise can often be a more arduous task than taking part in the event itself! May we suggest that walkers send to the Evelina Appeal Office, 23b St. Thomas Street, SE1 9RT, their monies collected so far, as the interest we can accrue benefits the Fund. Meanwhile we urge sponsors and sponsored to pursue each other with untiring energy!

BBC2 Documentary, 11th April – "Matters of Life and Death"

We are happy to report that we have had a heart-warming response following the screening of this television programme, produced by Harry Weisbloom, in the "Forty Minutes" series. This film recorded the problems facing patients, medical and nursing staff at the Evelina as a result of drastic bed closures. Our readers need not be reminded that these budget restrictions on the Evelina mean having to refuse admission to sick babies and children with acute illness.

In addition to contributions from all walks of life, we have received offers of help in various forms of sponsored projects, ranging from sponsored slims – the spectre of the bikini is a powerful influence here, "spectre" being defined as "the haunting thought of an expected calamity" – to a sponsored office silence.

An especially vigorous project is being planned by a Chief Petty Officer and a team of nine men, who are proposing to undertake a sponsored row in June from Lechlade in Wiltshire to Tower Bridge in four days – a distance of 146 miles.

We are most grateful to all the valiant and resolute people who are making an important contribution towards the Evelina Children's Hospital Appeal Fund.



1985 Sponsored Parachute Jump

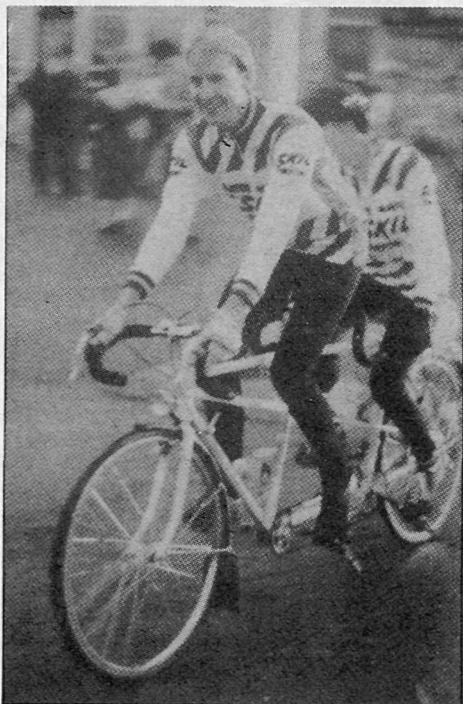
This project, which took off on the 23rd/24th March, is attracting more and more enthusiasts, principally first jumpers. "Floating Population" has taken on a new meaning! This event is being organised by John Pearce in conjunction with Geoff Tothill and Jonathan Gillard of Guy's Hospital Parachute Club, the location being Headcorn Aerodrome in Kent. Some 160 people plus have trained and jumped so far and the last training session is scheduled to take place on Saturday, 20th July.

Among those taking part are the London Bridge Lemmings, British Rail's 11-strong Parachute Team, headed by Peter Field, Area Manager at BR's London Bridge Station. A cheque for £2,000 (the first instalment) was handed over to Dr. Michael Joseph by Connie Shepherd, a very important member of the team as back-up for the ground crew. Sad to relate, the can-can dresses worn by the two girls shown in the cheque presentation photograph do not herald the introduction of a new uniform by British Rail; their choice of attire was a voluntary forfeit as they were reluctant to take to the air. The "clown" in the background also added to the bizarre scene on London Bridge Station main concourse.

On receiving the donation on behalf of Guy's Evelina Hospital Appeal, Dr. Joseph emphasised the close relationship of London Bridge Station to Guy's in more senses than one and warmly thanked the B.R. Parachute Team for their valiant support.

1985 London Marathon – 21st April

Among the 24 runners taking part in this event in aid of Guy's Evelina Children's Hospital Appeal was chef Eligio Ettore, who works in Guy's Tower Restaurant; many of Guy's staff from all walks of life have used his participation as a rallying point to help the Appeal. We are most grateful to Eligio and all those who were involved in this major contribution towards the Fund.

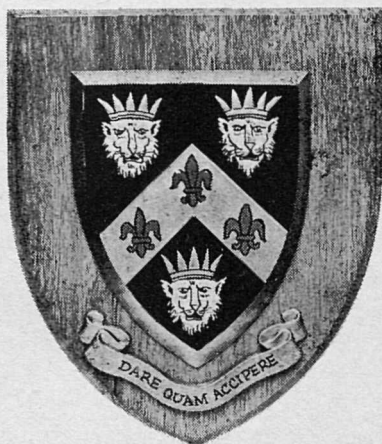


Sponsored Tandem Ride

On June 29th two final year medics, Stephen and Liz Fisher are starting their journey on tandem from John O'Groats (to London to Brighton to London) to Lands End as a sponsored cycle ride in aid of the Evelina Appeal. They hope to gain sponsorship and publicity en route and will have full back-up facilities. As part of this venture, they invite all staff and students of Guy's Hospital to join them on the London to Brighton leg which will be on Sunday, 14th July and should be a very enjoyable cycle ride. If interested, please contact S. Fisher of the Guy's Cycling Club *via* Boland House. Any help with arranging the ride, offers of sponsorship and possible contacts would be very welcome. Sponsor forms will be available from Boland House.



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Clubs' Union News

At the time of writing Charities Week is in full swing. Events include:

Sunday – River boat disco.

Monday – Picnic in Hyde Park with 30 children from Charterhouse Ark, Southwark.

Tuesday – Just a Minute (Guy's most famous quiz game) and Skool Kids Disco.

Wednesdays – Walt Disney's great classic "Dumbo", courtesy of Peepshow Productions.

Thursday – Give us a Clue (à l'Aspel) and Bands night.

Friday – Lunchtime Tug-of-War in the park, followed later by a Caribbean evening, with limbo dancer, fire eater and a steel band.

Saturday – Jazz and Cocktails.

With collections all week at British Rail and Underground Stations, not to mention all over the streets of London, Charities Week is proving to be extremely busy. The level of support seems well up to expectations, full collecting boxes arrive in convoy. Many, many thanks to all those involved. All money raised will be donated to the Children's Renal Unit at Guy's.

We have not been solely concentrating on Charities Week. Triumphs elsewhere in the Clubs Union include first place for the Guy's Ski-ing team in the London University Championships. The intrepid duo Steve and Liz Fisher are cycling from John O'Groats to Land's End, in aid of Guy's Evelina Children's Hospital Appeal. Many students and staff will be accompanying them on the London to Brighton leg on July 14th. This event relies on sponsorship, please support them. This year's Guinness Grand Union Canal Medical Meander, a minimum distance of a mere 26 miles 285 yards along the towpath of the Grand Union Canal, took place on Saturday, May 11th. As always, this was a very popular event, with many students completing the distance. The Mountaineering Club spent the Bank Holiday Weekend climbing in the Lake District, and acquiring very respectable sun-tans in the process. Plans are now underway for a complete re-decoration of the Boland House Student Bar, to be completed before September 1985. A new colour scheme has already been chosen and an increase in the amount of seating is proposed.

Finally, five members of the Clubs Union Council attended a very successful MSSIS conference at the Middlesex Medical School. This is intended as an exchange of ideas and information between all Medical and Dental Schools in Britain. Talks included subjects such as Careers Fairs, Grants and Welfare, Private Medical Education (a fuller account of this may

be found on page 155), Terminal Care Teaching, Alternative Prospectus, Drug Trials and Private Practice. We believe this to be a very important conference, not only for information but for extending links between schools.

**Elaine Parsons,
Clubs' Union President.**

Guy's Hospital Music Club

by Prof. M. N. Naylor

In accordance with tradition, the Music Club held its Christmas Concert in Southwark Cathedral. This year there was a record audience to hear the varied programme.

The concert opened with a polished performance by the orchestra of Beethoven's popular overture to Goethe's tragedy "Egmont".

This was followed by Thomas Tallis' Magnificat and Nunc Dimittis from the Dorian Service.

Then followed a most exciting work which was composed by Mark Edwards, a clinical student at Guy's. The work, *Hodie Christus Natus Est*, was written a year ago and first performed at the Silver Jubilee celebrations of Haywards Heath Sixth Form College. It is written for alto and tenor soloists, full choir and piano duet. The work opens with a tenor solo and choir which is followed by an "Allegro Molto" section for choir and pianos. This gives way to an alto solo and to the choir in a lullaby-like mood. We soon return to a spirited section which runs into the Coda declaiming "Glory to God in the Highest, Alleluia".

The first part of the concert closed with the ever popular Bach Double Concerto in D minor for two violins. The soloists were Jacqueline Luce and Julian Ma, both in the Dental School. It was a splendid performance with a remarkably good balance between orchestra and soloists.

The second part of the Concert comprised Part 1 of "Messiah" and also the Hallelujah Chorus by G. F. Handel. It was an excellent performance of a work which never ceases to gain in popularity. The soloists were Lucy Denais soprano, Elizabeth Witherington alto, Neville Martin tenor, and Andrew Forbes bass. The organ continuo was by Barry Continho.

This concert not only gave tremendous enjoyment to a most appreciative audience, but it demonstrated the wealth of musical talent and ability which is to be found at Guy's. There must be few Medical Schools which can boast a composer of Mark Edwards' calibre, which can produce two violinists of the talent of Jacqueline Luce and Julian Ma as well as a Musical Director and Conductor with the sensitivity and command of the choir and orchestra of Jonathan Pollard.

To all those who made the evening such a memorable occasion for all of us in the Cathedral, a special "thank you".

The Hunter School of Medicine – A Pioneer in Medical Education?

by John Edwards MSSIS rep.

The medical academic community over the last year has been more than a little shaken by the rantings of a crazed upstart who in a seeming state of delirium has stated his intention to set up his own private medical school in the heart of London. He has been universally condemned by the medical establishment as well as by trade unions and other bodies. However, very few of his accusers have heard him speak and have questioned in detail the facts, motives and their own prejudices. Recently, though, medical students from all over the country met at a conference at the Middlesex Hospital and let Dr. P. V. A. MacLoughlin personally state his case.

Memories are certainly short, for although it seems outrageous to have an independent school (as Dr. MacLoughlin likes it to be called) in the present state education system, it is forgotten that pre-war all medical schools were independent and indeed many set up by similarly philanthropic individuals; where would we be now without Thomas Guy? So opposition to the school purely because it is independent seems rather poorly based. Indeed, if one looks at other countries the private medical schools are often the most distinguished and renowned; think of Harvard in the USA.

Taking Dr. MacLoughlin's ideas at face value they certainly seem noble and well intentioned. All prospective students must be over 21 and on application will have to undergo a rigorous two-day assessment course to determine their suitability in terms of dedication, caring ability, motivation and other desirable qualities. Techniques tried and tested in selecting for business executives, civil service and the armed forces etc. will be used, with far less emphasis on previous academic achievements. The sixty or so successful students will then commence a five year fully integrated course, attending clinics, casualty and ward rounds from their first week. Emphasis will be on tutorials, patient contact and practical procedures, with every student completing a St. John's Ambulance First Aid certificate at an early stage. The majority of teaching will be in busy provincial hospitals (the identities of which were not disclosed) and will all be by medically qualified staff. Study of traditional pre-clinical style sciences will be kept to a bare minimum.

These ideas have certainly had a lot of support from many eminent individuals in the medical profession with Dr. MacLoughlin claiming allies from inside virtually every major medical school; his new Dean will be the present consultant in vascular surgery at Barts heading a very distinguished group of teachers. But are these ideas new? The answer is certainly no, and indeed many of the newer University based medical schools, particularly Nottingham and Southampton, have also started with grandiose ideas of course integration and broad based selection. However, they have all had to

compromise and settle down to a course far less radical than that described. Perhaps, being independent, the Hunter school will not be forced to compromise.

One powerful ethical criticism is that only the rich and privileged will be able to afford to attend, with a large rich overseas market lining the pockets of the school's owners. Dr. MacLoughlin claims the reverse will be true, with regular scholarships, funded through charitable donations, providing opportunities for entry to students from all spheres of life including poor backgrounds. Also, although foreign students will be admitted, they will have to return to their own country on graduation. However, this charitable money has, as yet, not been forthcoming and, since he has failed to get the necessary finance of £2 million from Barclay's merchant bank, there is not even enough guaranteed financial backing to open the school on time let alone provide subsidised places.

The BMA, and other bodies such as NALGO, criticise the school chiefly on the grounds that its opening is indefensible against the background of national financial cutbacks, medical unemployment and the trend of reducing the number of doctors training. These arguments seem valid until a few further points are considered. The United Kingdom has fewer doctors per head of population than any other European country except Turkey, and spends the least on its health care than any except Greece. Last year, 1600 foreign graduates were given registration to join the 25-30 000 foreign graduates who already work here. In short, employment of doctors is chiefly determined by transient political whims, and this school could not have been opposed on manpower grounds ten years ago when doctor training was being increased.

Of course, the school will never get recognition from the General Medical Council for its course, or will it? The GMC has not had to deal with a similar case of a private school since Elizabeth Garret Anderson applied for recognition of her Royal Free Hospital School of Medicine for Women in the last century. It basically requires a school to have good staff, a good curriculum and a University atmosphere. The first two requirements seem to have been fulfilled and Dr. MacLoughlin seems confident about the last one. The old Bedford college site in Regents Park which he is using has been jointly purchased by the American (private) Rockford University who are likely to found several other private faculties to add to the university atmosphere. Plus, on the social side, among other things, he is busily attempting to compile a full rugby fixture list! He also claims to already have programmes of academic research worked out. His only remaining obstacle now seems to be complying with an EEC regulation stating that application for GMC recognition must come from a university institution, a technicality he is confident in overcoming.

In summary, Dr. MacLoughlin does not seem to be so much a crazed upstart as an idealistic visionary. His proclaimed aims are to make medical education more relevant and accessible. His school has been criticised for not being able to provide a technological and scientific back-up for its course. However, he asserts that these expensive resources are largely irrelevant and unnecessary, and furthermore hopes to therefore show that

the actual overall financial cost of producing good doctors will be far less than that quoted by most medical schools. Despite recent press reports linking him with curious financial dealings in the past, mainly linked to arms firms and his previous association with the territorial SAS,¹ Dr. MacLoughlin's motivations should now be seen as sound and not purely capitalist, for the time being at least. Given the realisation of his elusive financial backing he will start selecting from the two thousand applications he has already received and open his school on time in October. Only then will the true nature of his enterprise be revealed.

¹*Private Eye*, 19th April 1985, 609, p.24

Oh What a Lovely War

Reviewed by our Theatrical Correspondent and Olivier Dimitri

At the end of the pre-clinical Easter Term, as tradition seems to dictate, a large scale production is put on by the first year clinical medics. They languish on a Path Course whose major function appears to be one which permits the germination of thespian ambitions in the minds of the extroverts; this year was no exception. Always hailed as being ambitious in their conception and highly successful in performance, these efforts have good reason to be with the free-time which is at the disposal of the protagonists. Perhaps reflecting the trend in the selection of the undergraduate intake, the last three Easter Productions have been musicals. This has enabled the incorporation into the cast of the multifarious musical talent to be found at Guy's. The theatrical pretensions of the actors are often second to the desire to perform on stage in front of their 'buddies'. This may at first seem to be a cynical observation, but more importantly must be the underlying reason for the enthusiasm with which the plays are performed and the delight which the audience derives from watching.

Directed by Elizabeth Farrell produced by Antony Gardner, *Oh What a Lovely War* was as meticulous a production as I have seen at Guy's. I am sure I will be forgiven for saying that it was a performance of two halves. Both very fluent incorporating pretty slick movement and polished chorus singing, the first Act was bursting with comedy (hysterical at times) whilst the second was less fast-moving, the cast putting over with great poignancy the futility and tragedy of War. Throughout it was obvious that great care and thought had gone into the many nuances of each scene. The direction managed to squeeze every laugh and moment of pathos out of the script. Various modern insertions were made, altering with each performance, some of which were funny.

I was fortunate enough to see the production on all three nights and the dress rehearsal. The variation between the performances was appreciable, largely due to the character of the audience. Thursday (second performance) was the high-point, the audience being less stiff and formal than on the last night and the cast were 'hamming-it-up' to the ideal degree without flogging their lines. The musical accompaniment was delightful all the time, coping well with the problem of ensemble. Nigel Marchbank conducted a

flute, three clarinets, piano, bass and percussion all of whom contributed to the atmosphere of the stage action.

It is possible to obtain a slide sequence and sound-effects tape to accompany a performance of *Oh What a Lovely War*. In this production the tape and pictures were not available. Excellent slides were selected from the Imperial War museum archives department and a 'sound track' was skilfully assembled and run by Navroz Masani. Such complexity of technical back-up has not been seen in a production at Guy's in my time and did much to enhance the mood of the whole performance.

It is always impossible to mention everyone involved. Tony Gardner it must be said, proved himself to be a versatile performer switching from officer to sergeant major to Irish idiot all with equal flair. Martin Coady was the wizard though. Vicar, squaddy, subordinate officer and private soldier from public school (ah – Medical School) his characterisation was captivating. The 'Bayonet Drill' was outrageously hilarious, it almost stopped the show. Liz Farrell was the leading lady. Her influence in the production was quite apparent and her performance at times superb. Her ability to communicate with the audience was most powerful during her solos. The most emotional moment for me was the final song sung by the French soldiers 'There was a Front – but damned if I knew where' (sigh).

O.D. and T.D.B.

Snippets from a Dentist's Diary: Part 2

by E. C. Hammond, LDS, RCS

Dentures. These give rise to more complaints and funny situations than any other aspect of dentistry. In January 1968 we had for repair one of the last vulcanite dentures made here just over a year ago. I am by no means convinced that acrylic resin is in all respects a better material than vulcanite, or that the excellence of the material is the whole or main reason for its universal adoption.

March. Fitted a denture for the 11-year-old bruiser who has broken his front teeth, or had them broken, on four occasions. Warned him next time he starts fighting to take his teeth out first. Also in March, writing out a work room docket for Mrs. Link, decided that five was her lucky number. The denture consisted of 5/5. The shade was 5. The try-in was booked for April 5 at 5 p.m.

Coming on to May, a troublesome Welsh lady kindly informed me that her teeth would not do before she had even tried them in. I suppose that as they were not finished but only at the try-in stage I must be thankful.

Next month, an unusual reaction to Mr. Richards' new dentures. When asked how he was getting on, came the answer, "Oh, terrible, my children cry every time I put them in." After all, the children don't have to wear them.

Mrs. Shanklin breezed in yesterday and informed me that her dentures hurt so much they gave her a black eye, calling on the Almighty to witness that she was not exaggerating.

We now come to the saga of Mrs. Edwards, also Welsh. She arrived several times full of silly complaints after three try-ins, and a rather hesitant O.K. for finishing. Still the complaints, and convinced that they would never be right I sent her away toothless except for several previous sets and told her she had not played fair with me. The following day, rather surprised to receive a phone call from Mrs. Edwards, who said she felt she had been a little unreasonable. Was utterly dumbfounded when she went on to say could she have the upper denture only and pay half the fee? This extraordinary suggestion left me in a state of stupefaction and quite unable to collect my thoughts. A fortnight later after some quibbling she returned half the dentures with a cheque for half the fee. As a final last straw she deducted the odd shillings and converted the guineas into pounds.

Mr. Rock, 20, unemployed and on Public Assistance, or Social Security, wants his teeth as quickly as possible as he starts work in 10 days time and is afraid he may have to pay for them himself.

Yet another Welsh lady, grumbling about her dentures, gave the names of the dentists, all different, who had made her three previous sets. They were all marvellous, of course, and she ended by saying that perhaps later on she would go somewhere else and get a really good set even if it cost thirty pounds. Left me fuming, yet again.

1967, Mrs. Green, bringing a repair, was asked when they were fitted. "Oh, years and years ago. Well, before the war – Oh, years before." "And what is your year of birth?" "Oh, 1917, I think." On looking up her card the dentures were made in 1956 and she had knocked four years off her age.

Mrs. Dane for new dentures, her Christian name is Louvain. Feel that this dates her pretty definitely. She thinks so too.

June 1972. The current teenage fashion appears to be painted fingernails in five vivid shades of black, green, purple, lemon yellow, crimson. Did not care for this much. Suggested to the young woman that I could make six crowns, or a denture, for her front teeth in six different shades, for instance, De Trey shades 25, 6, 11, 1, 23, 3, should the dictates of fashion require it.

A sad, or hilarious, true story from Mrs. Jones whose husband was sick and lost his lower denture in the toilet. He saw it go and ran round the corner to lift the manhole cover, but was too late. Having informed his wife that it was her fault for giving him pickled onions, he sent her over to Worcester Park to get her deceased father's denture which was still in the house. He worked on this with a candle and file, softening and trimming, and got it in, but has also made an appointment for a replacement.

Other Practitioners. May Day, 1968. Met the dental consultant to the top hospital in the High Street. He has actually bought a new bicycle to replace the rusty 45-year-old model on which he was generally to be seen in the town.

June, received a 2/6 tip which was accepted with thanks. If a patient wishes to show his gratitude one should be gracious and not hurt his feelings with an unthinking refusal. Some years ago I was approached by

an elderly practitioner at a section meeting, who said, "I say, Hammond, what do you think happened to me today?" I felt unable to guess and he went on, "A patient gave me a tip!" with an expression as if he had found a loathsome caterpillar in his salad. I felt that this sum would well be tax-free, but this was quite the wrong thing to say. "Oh no, of course I gave it to the benevolent fund: I mean, what else could one do?" I kept my thoughts to myself.

September. Rang my dentist to alter an appointment and was told that his personal receptionist was away and nobody else is allowed to touch his appointment book. Will tell him what I think of this arrangement . . . after the treatment, perhaps.

Notes on patients. On Monday January 5th, 1968, there is a note that our oldest patient is 100 tomorrow, so am sending a suitable birthday card from all of us. On the Thursday, the diary records that old Mrs. Searle had a telegram from the Queen, a visit from the mayor, nine other telegrams, 86 birthday cards and goodness knows how many party invitations. She was born and married in the town and has lived in the same small terraced house in Clarence Road for 80 years, thus beating our centenarian patient's record. Also a visit from Mrs. Bates, stone deaf from birth, very talkative and quite incomprehensible. Thought it was less trouble to see her without an appointment than to argue. Usually we have no trouble with even very deaf patients, but there are just two, both deaf from birth, with whom I find it impossible to communicate except with a pencil and paper.

July, old Mrs. Crowley had the miseries properly this morning. The last filling I did looked shocking, her teeth are uncomfortable, why does she have to pay if she is a pensioner, there was a terrible fuss because a synthetic filling cost 19/- instead of 13/6, and the varnish coating tasted like plasticine. Quickly asked her how she knew what plasticine tasted like and if she was in the habit of chewing it. Felt I had had the last word.

October, Mr. Weston phoned to say he would probably have toothache in two or three days time??

Dentists are perhaps inclined to stoop and seldom look upwards, this being shown by a young woman who lay back in the chair and suddenly exclaimed, "Oh Mr. Hammond, there's that spot of blood on the ceiling, and it was there when I came for my last check up six months ago!"

In August 1971 we had the road drill outside for a week, provoking the usual jests and unfavourable comparisons between this crude machine and my elegant and beautifully engineered unit.

September 1972, old Mrs. Gemmell, aged 62, whose remaining teeth I thought I had extracted 25 years ago, appeared one morning with a curious upper wisdom tooth. On removing it I was somewhat surprised to find that the apex of the root was exposed and from the bottom of the socket emerged a perfectly formed crown. We have had several elderly ladies (but no men) in their 60's with newly produced wisdom teeth, but not previously one that was upside down.

Children. We had a very large recall system for children, which provokes numerous observations. We called them every school holidays

and hope they will continue regular inspections after leaving school. I noted that the three Hobson children all have partial anodontia, being between them short of about 11 pre-molars and 4 upper lateral incisors. A 10-year-old boy with grossly overcrowded lower incisors said he had been regularly to the school dentist. Can't think why on earth the school dentists never pay the slightest attention to this condition which is often ridiculously simple to treat by serial extraction!

Maria, a precocious 5 year old who has already lost 3 incisors and 2 molars by rampant caries, is booked in for more extractions by gas. Mother asked me if I could make her a denture. After the first surprise had worn off I suggested that the expense would be hardly justifiable for an article which could not last more than a few months, as the upper permanent incisors were visible under the gum. Mother however was very insistent, explaining that the child was a model and would lose a lot of lucrative sittings if she had to appear edentulous. The cream of the joke, or tragedy, is that the beautiful pearly smile (false) is to be used to advertise sweets.

Beverley, a very mature 13 year-old, screamed the place down when I approached gingerly with a harmless mirror and probe. It appeared that the school dentist said she needed fillings, but I couldn't find any. The school clinic's diagnoses seem to be generally quite different from mine, which must cause some difficulty for mothers in deciding which line of treatment to agree with, when dentists disagree.

November, 1967, two of my child patients run over. Feel that Barbara Castle, Minister of Transport, is not nearly severe enough with motorists. A fortnight later, heard that two more child patients have been knocked down.

December, twins, Gillian and Glenn, have two utterly different sets of teeth, one having small and even teeth, and the other's teeth are large and all over the place, with several congenitally absent. It is the girl who luckily has the nice set. Maybe this is rather an unfeeling attitude, but the boy couldn't care less anyway.

After Boxing Day the children's holiday rush starts in earnest. The fathers mostly seem to have the day off, and are sent off with the children to get them out of the house so that Mum can "get on". Day's total 69. Swearing under my breath on hearing that a headmistress has told the mothers that their children must not have time off to go to the dentist but it is all right for them to go to the school clinic. Coming on to April 14th, the school holidays are on with a vengeance – we had 100 patients today, nearly all children, and 88 yesterday.

April 13th. Further to school clinics, Mrs. Stock brought her kids here, aged 5 and 7, with a remark that the clinic couldn't do anything with them and suggested they come here. Not quite sure how to take this.

A few odd notes on the surgery garden. There was a striking contrast in the weather in 1971 and 1972, with a predictable effect on the produce. Starting in '71:

March 20, all my apricots are smothered in blossom. The trees grown from a stone flower later than the original grafted tree, so I am hoping that some at least will escape the frosts and killing east winds. This appeared to

be so, as at the end of July I picked a nice lot of apricots, enough to make a good quantity of jam. The flavour is superb, as different as possible from the shop bought article. The tree looked most attractive and ornamental with little golden fruits all over it. Think I might do worse than fill up the whole garden with apricot trees. On to mid-October, picked 90 lbs of Cox's Orange Pippin apples. Have already had 120 lbs of James Grieve and 4 cwt of Bramley Seedling.

Now for 1972: In March, very little apricot blossom. End July, a handful of apricots, two handfuls of eating apples, maybe 30 lbs of cookers. The worst year for fruit for many years. As a family of great fruit eaters we are all rather despondent. No Cox's Orange Pippins at all. Even the blackberries are not good this year.

The Mole Report



The crowds at Tower Bridge awaiting the arrival of Ratty on the London Marathon.

On the 8th of May Mole sniffed the chilly spring air at Lewisham & North Southwark and thought of VE Day and how the belladonna plants used to thrive in the Park. He cautiously put on his tin helmet not for warmth

but because there were stories abroad that a state of war existed between the medical profession and the High Command of the Health Service. Could it be that bureaucratic machinations were undermining the front line troops at the old Alma Mater? Was a fifth column at work encouraging our brave fighting lads to appear on television or interning them in the Committee Room to hear about the cuts so that they had less time available to do any work? Was this the way things were really going, thought Mole, as he squinted at the sign posts in the Park pointing to such essential destinations as Doyle's House, the London & Provincial Nursing Agency, GMS or was it CMS (a very tatty sign this one), and the Staff Club in the sky. Why wasn't there a pointer to the closed wards of Hunt's House? Was it really true that the Eye Department which served the community and the hospital so well, and so far as short-sighted Mole was concerned was essential, was next on the list for annihilation? He wondered what his young friend Ratty would be thinking about it all. He knew that he had been scampering around the underground passages drawing graphs on the walls (was he the originator of graffiti?). He had heard that Ratty was resting at the moment, no doubt well deserved for the brave little fellow had run in the London Marathon (Fig. 1) and perhaps not surprisingly had had a nasty experience on the Isle of Dogs. Maybe when Ratty felt stronger he would have an answer to it all but for the moment wise old Mole had none.

Mole in the Park.

Dental Notes

by Mr. A. D. Robinson, Dr. S. J. Challacombe

In my introductory remarks to students in their course of instruction in crowns and bridges I am inclined to remark somewhat as follows:

"In your years in dental practice you are likely to see a considerable change in the pattern of dental care. Currently there is a marked decline in the amount of caries in young people. You will therefore not be engaged in making vast numbers of simple, first-time fillings. There will, for quite a long time, be a substantial number of repeat fillings where a breakdown has occurred, these getting more difficult by each repetition. Similarly, there will be a lot of crowns, more and more endodontics, more and more periodontal care and preventive measures. There will be fewer simple plastic partial dentures.

"All in all it looks as though you will have less of the relatively easy work to do. You will have to engage in the more sophisticated aspects of dental care, including bridgework and the clever sorts of partial dentures. In these matters you will have not only the problem of mastering the techniques involved but also the problem of cost. These are expensive devices and there is a strong disinclination among the public of these islands towards paying for dental treatment, a feeling which has changed a little, but only a little, during my lifetime."

I sense that students are aware of the situation and I think I can detect a keener interest among them for the more difficult and complex restorative procedures, though this is not yet actually reflected in the number of bridges we make, a mere 200 or so per annum, including those made by staff – not a lot for a school of this size.

While on the subject of the changing pattern of dental care it occurs to me to add that we seem to have a problem as yet largely unrecognised and certainly unsolved, in the matter of acid erosion of teeth. This disease, which gets bare mention in standard textbooks, seems to be on the increase. If it is recognised early enough and effective preventive measures are adopted, it need not be a cause for concern, but if it is not recognised or the cause is not controlled it leads to a crippling dental condition which is only treatable logically by multiple crowning procedures, which are difficult and time-consuming in the extreme and also very expensive. Perhaps we should be teaching our students to deal with such restorative problems, though I rather hope we can keep control of the situation by patient education, prevention and early diagnosis.

A.D.R.

Annual Prize-Giving

On Friday, 10th of May the Annual Prize-Giving ceremony for the Dental School took place in the Tower Lecture Theatre. The Dean of UMDS, Dr B. Creamer of St. Thomas' presented the prizes to a total of 18 students. He was introduced by the Dean of Dental Studies, Professor W. J. Tulley, and spoke very enthusiastically of the important place of the dental school in UMDS.

The ceremony was well supported by staff, students and relatives and those on the platform were resplendent in degree gowns. Most of the prizes are competitive for a range of academic and clinical activities. Research is recognised by the Malleson prize. One or two prizes are not competitive as such but are awarded by the staff to the students with best all round ability (*Carlton Hunter* and *Jack Wheatley*). The prestigious Newland Pedley Medal and prize for operative dentistry was won by Mr. M. Murch.

Congratulations to all those students who carry home with them some recognition for the hard work they have put in at Guy's during their student career.

A full list of prize winners is given below:

PRE-CLINICAL YEAR PRIZE IN BIOCHEMISTRY

Miss Amanda Hayne Owen

Miss Tazim Akberali Ebrahimji Hakimji

PRE-CLINICAL YEAR PRIZE IN GENERAL ANATOMY

Miss Heather Mary Illing

PRE-CLINICAL YEAR PRIZE IN SPECIAL ANATOMY

Miss Jennifer Carol Harrison

PRE-CLINICAL YEAR PRIZE IN PHYSIOLOGY

Mr. Stephen Charles Gentle

CONFINED WAR MEMORIAL CLINICAL SCHOLARSHIPS

Miss Sandra Diane Wilkins

Miss Sheena Wai Yee Chan

DAVID FRANK STURDEE PRIZE

Miss Julie Yeung Shun Wing

Certificate of Merit – Michael Paul Escudier

CHILDREN'S DENTISTRY INCLUDING ORTHODONTICS

Mr. Brian Matthew Kelly

PRIZE IN GENERAL SUBJECTS

Certificate of Merit – Mr. Parimal Bhogilal Manek

FINAL YEAR PRIZE

Certificate of Merit – Mr. Stephen Adrian Brookes.

Mr. Brian Matthew Kelly

JACK WHEATLEY AND CARLTON HUNTER MEMORIAL PRIZE

Mr. James Alexander Stewart Dickson

NEWLAND PEDLEY MEDAL AND PRIZE FOR OPERATIVE DENTISTRY

Mr. Martin William Murch

ALFRED RYCROFT MEMORIAL SCHOLARSHIP IN DENTAL SURGERY

Miss Mary Costello

Mr. James Alexander Stewart Dickson

Miss Bridget Doubleday

Miss Gillian Elizabeth Jean

HOPKINS PRIZES FOR ANAESTHETICS

Second Prize – Mr. Philip Daniel Stenhouse

DENTSPLY PRIZE FOR PROSTHETICS

Miss Shân Elizabeth Lloyd



No Strings at Guy's

'They're changing guard at Buckingham Palace – Christopher Robin went down with Alice.'

If Chris and Alice were nurses, they would also find changes taking place with their uniform at Guy's Hospital. On April 1st, 1985, a new uniform policy was implemented. Before anybody could say 'April Fool' a quiet change took place, affecting all those who are faced with the question 'What do student nurses wear?'.

Some of the changes are subtle, such as the belt colour for various grades of staff. Other changes have struck at the very traditions of this fine establishment. There will no longer be any strings attached to 3rd Year student nurses' caps.

Do I hear the distant thunder of 'Traditionalists' gathering beneath the statue of Thomas Guy? Where are the protest marchers with their placards claiming 'Bring Back The Strings', 'Keep The Strings'? Where are the petitioners and lobbyists? All I hear is the deafening silence. It seems that the passing of the strings was carried out to even less protest than the extinction of the Registration Badge.

There may be many reasons for such a dramatic change in tradition. Was this yet another example of Health Service Cuts? Had the Linen Room run out of strings? Or had a breath of fresh air swept through the musty corridors of time, and caught the true feelings of 3rd year students? Indeed if we talk to those most affected by the loss of the strings – those wearing them – we will find that they will not be missed at all. After all these years,

they were a blessed nuisance. So Guy's moves forward again, pushing back the frontiers of the nursing image. I would urge all traditionalists to keep old photographs of string wearers and take them to future meetings of the Antiques Roadshow.

What of other changes in this new and exciting document.

Well, everybody's changing into striped dresses except Sisters (who remain the same) and Male Nurses (if they can get trousers). All learners (except Male Nurses) will wear a mauve and white striped number and paper cap. First year learners will wear a white belt, second year a mauve belt and third year a purple belt. As the process of change is still in progress, a strange mixture of new and old uniform may cause eye strain for the unwary. It seems that the only person you can really rely on is the Ward Sister. In the cause of the finest tradition – 'you can always trust your Ward Sister'.



Nursing Officers are the only other group to escape almost unaffected. Cloaks of invisibility are no longer available from the Linen Room.

Male Nurses are having problems with trousers. The process of being measured up by a District Treasurer, Personnel Officer, Nursing Officer and Ward Domestic, has meant a delay in delivery. Trouserless nurses may be observed during the initial stages of training, but may be indistinguishable from Medical Students, except for the white tunic.

Registered Nurses will wear a fluted cap, a blue and white striped dress and a white belt. Enrolled Nurses will wear a flat cap, a green and white striped dress and a white belt. Senior Registered Nurses will wear a blue

belt, whilst Senior Enrolled Nurses will wear a green belt. Registered Nurses may wear buckles on their belts. Black tights and shoes are mandatory, but their role with trouserless Male Nurses is obscure.

A warning to Nurses wearing uniform outside the Hospital when not working in the Community. They are liable to be booked and shown the red card unless they can plead a total absence of changing facilities. Indeed it is the provision of changing facilities that is causing an element of heated debate. If a Male Nurse eventually gets his trousers, where can he change into them? Will nurses be forced to change in the underground corridors, causing hospital staff to delay the distribution of dinner trolleys? What about changing on the roof of Guy's Tower? This may attract passing helicopters who may land and give lifts home to nurses thus saving the NHS money in lost time due to travelling, train cancellations, assaults etc.

A source close to the top of the Tower has confided to me that several Administrators have been seen up there with rolled-up trousers, flashing their ankles to no avail. Have you noticed that helicopters give the Tower an extremely wide berth these days?

One entry in the uniform policy refers to the use of natural styles and colours of hair. Any appearance that does not conform to this specification will be severely censured. Any volunteers willing to enforce this policy, should congregate on the concourse of a well known London railway station, wearing dark glasses and a straight-jacket.

The air is full of unresolved issues. If you feel that I have pulled the strings over your eyes, then I must refer you to the following saying:—

'If you stand in the middle of Life's Highway,
And feel that everything is hurtling towards you,
Then you're standing in the wrong lane.'

Harold Waterman.

Physiotherapy

On June 19th, 35 years after the day she joined the staff at Guy's, Pam Molony will be leaving the physiotherapy department at New Cross Hospital. Then Pamela Davis, she became a student at Guy's School in April 1947 after serving 3 years in the W.R.N.S. as a Radar mechanic. She passed her finals in June 1950 with a credit, and was awarded the Trethowan Memorial Prize as the best student of her set.

On qualifying, Pam was invited to join the Guy's staff and in the course of time became first a Senior Physiotherapist, and then Deputy Superintendent to Jean Jenkins. In the light of the speed of present-day climbs up the promotion ladder, it is noteworthy that, an able woman, she had been qualified nine years before she achieved Senior status and eleven before becoming the second-in-command.

In November 1966, Pam was appointed as Superintendent Physiotherapist at New Cross Hospital in, as it was then known, the Guy's group of hospitals. There she has remained developing a department which had

been small, slow-moving and complacent into the large, active and challenging unit that it is today.

It is fascinating to be privileged to see the student and staff records that one inherits as Principal and one-time Group Superintendent/District Physiotherapist. Sometimes, too, it is positively funny, as epithets impugning the character and capabilities of highly-respected and eminent members of the profession catch the eye. The remarks about Pam are, however, uniformly laudatory and, one would be led to believe her to have been the ideal student ("good, very helpful . . . entirely suitable . . . very capable and reliable . . . good with patients . . . pleasant manner").

Well, perhaps she was, because although we trained with only a six-month gap between us, it was not until 1960 when she was the orthopaedics Senior, and I a newly-appointed teacher, that first we met. It is being said today that the teaching and the superintendent/managing sides of the profession are moving apart (it has been said to be so for years) but Guy's, in its generosity and our Danish hosts in theirs, tried to effect a rapprochement in the course of the World Confederation of Physical Therapy meeting in Copenhagen in 1963. Repeatedly, the room allocations were announced – "Mr. and Mrs. Someone – Room 3; Miss Davis and Mr. Cooper – Room 4 . . .". We never did discover who Mr. and Mrs. Someone were.

Pam has always been ready to express an opinion, and to express it forcefully and disturbingly if she felt that tranquillity was inappropriate and was concealing inadequacies. Herself a very loyal and committed person, she has little truck with time-servers and incompetents. But loyalty engenders loyalty and she must be proud of the way ex-members of her staff come back and visit her and of the way in which, together or by resolution of contrary forces, she has contrived to push forward with her medical associates her department's claims.

New Cross may be about to disappear in a puff of smoke. A major contribution to its reality and substance these past nineteen years has been made by Pam Molony and we should be grateful for it.

Ronald Cooper

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The Bore Report

Continuing, by popular demand, the informal, bigoted and progressively less coherent remarks of our resident alcoholic, Cedric Bore. All information gratefully received. Any resemblance to any person living or, preferably, dead is accidental, and in many cases deplorable.

Some readers may not have heard about the adventures of a certain fly-fisher. It appears that to make room for others, he selflessly climbed into the boot of a car and called for the lid to be shut. Unfortunately he still had the keys in his clammy paws. It was a fair while until the firemen arrived to jemmy the boot open, and free Fisherman, who emerged looking somewhat sheepish.

It seems that my column has at last jolted SMEC out of their narcosis, if only to abuse me – or rather my older brother Eugene, which is unfair since he left this page a while ago (not before time). They claim criticisms of SMEC represent “the tip of an iceberg”. Perhaps we should find out about the other 9/10 and start criticising that!

Distressing news has emerged about a leading member of the C.U. at Guy's. One of my informers recently encountered an old acquaintance of one of the Doyens of the Cross at Guy's who, I am told, originated from that place above the café in Leicester Square. Apparently, in his pre-Guy's days our friend was a notorious rake. One evening in mid-pull, he was de-frocked by a band of fellow protagonists and left with the poor girl entirely naked. However, our friend remained entirely cool, picked up the nearest ash-tray and placed it over his exposed member continuing as if nothing had happened.

Another indication that you can never escape your past was given to me by a qualified nurse now working on the outskirts of the Guy's district. This nurse, let's call her Nikki, reliably informs me that her right fist still bears the imprint of Guppy's chin and the bar floor still has the dent made by the back of his head. I've heard about dentists getting nursing experience but one should not always take it lying down.

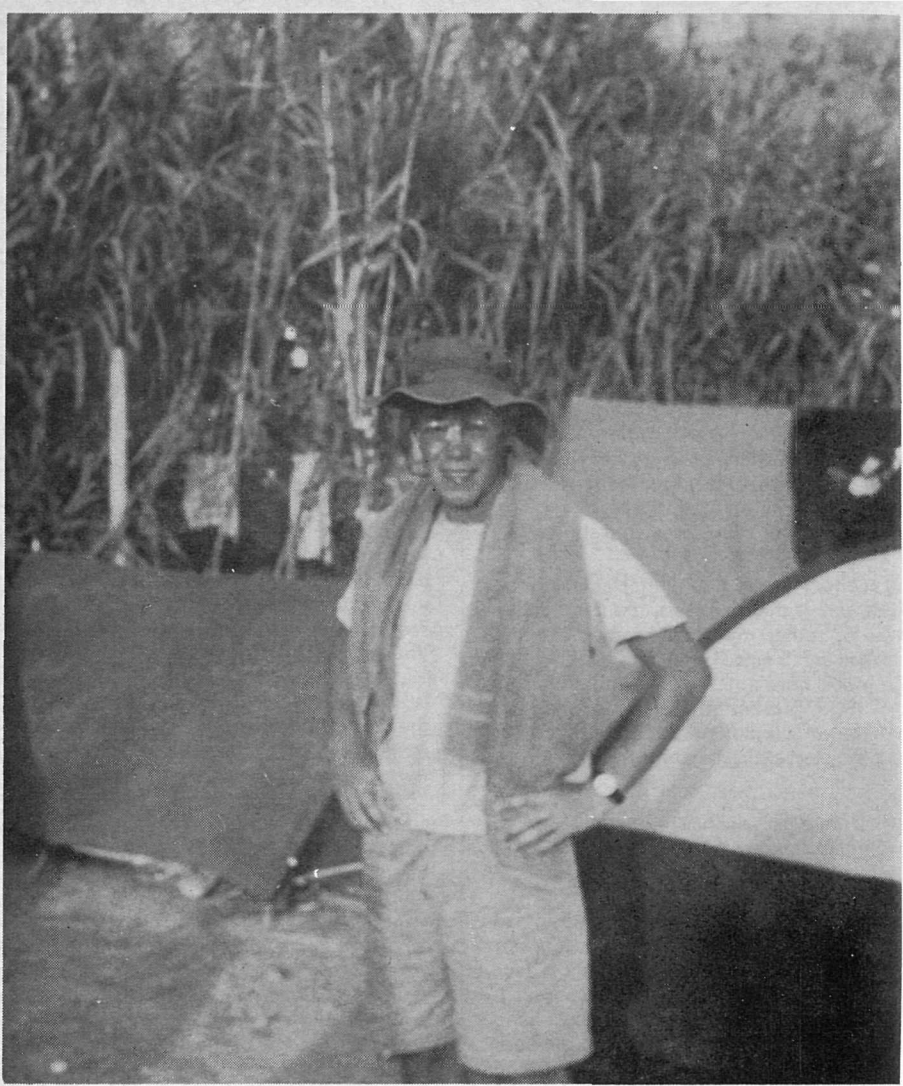
Regular imbibers of this column's bits will be familiar with the adventures of that unlikely athlete, Norm the Cat. It seems he has now taken up pole-vaulting. Unluckily he broke his arm on his very first outing. Cedric therefore suggests he should now be renamed Norm the Pole Cat.

I have heard, albeit at second hand, that the great Casanova of the obs and gynae dept. himself literally burst a blood vessel at the aptly named Mess Cocktail Party. What seems most surprising is that he only had the one spider.

In our photo of a couple of months back, many of you recognised that great entrepreneur of the Evelina Unit, who is often to be found lurking in the bar. It so happened that a couple of wags, whose behaviour I cannot condone, removed his briefcase to the gents. So distraught was Honest John that he immediately called security, who are more than meet to deal with such terrible emergencies. I am relieved to reveal that the whingeing Lord Pizza was reunited with his bag, but tragically the vile perpetrators of this foul deed have gone unidentified and unpunished.

I have heard that the Irish Fool's indulgence has been requested by the local constabulary in connection with a shield. Further details remain sketchy, but it is hoped that the shield will soon adorn our own bar, even if the Fool gets sent down for a few months by the local beak.

Shock! Horror! Mole! Not Mole, our greying contributor, but a Mole at the Russian Embassy! It seems that one of the students organising his elective in the land of tolerance and freedom was chuckling along well in his plans when his contact (I use the word advisedly) was expelled for spying! We'll keep the Red Flag flying *here*, Harri!



"Bushwhacking 1 year B.C. before becoming a big game hunter . . . "

That fat idiot's been in the news again pushing his limbs through doors to the Tower. One must regret what happened on this occasion on two counts – one, it wasn't his head, and two the casualty H.O. didn't sew his mouth up. Maybe next time.

It has been brought to my notice that Guy's is the haven for the highest glue-

sniffers in the country. They have apparently been flushed out of the toilets on Floor 30 of the Tower with their Tippex.

Overheard in H.Q.: "I don't have to bang my head against a beer glass for kicks any more." Presumably this is an allusion to the introduction of glass glasses?

Cedric Bore

Book Reviews

"A practical guide for the obstetric team" by M. D. Read and Diana Wellby. Pp 277. Pub. by J. Wiley. Price £9.75. Cover Soft.

This is a paperback measuring five by eight inches, consisting of 277 pages in forty-four chapters; the reason for giving these vital statistics is not only to draw your attention to the fact that it can slide into your pocket easily, but to emphasise the large number of short, concise chapters. The information is available, easy to comprehend and very readable with varied topics ranging from pregnancy and the handicapped mother to maternal mortality.

As the authors state it is not intended to be a reference text; it does not go into the rationale behind certain obstetric points, deal with anatomy or nursing aspects of management. However, it is an ideal refresher on the subject dealing with all aspects of pregnancy with emphasis on preconception counselling, psychological and social factors. It also discusses important aspects of management in normal and abnormal pregnancy and labour.

My only criticism is that a few more illustrations would have been useful especially in the chapters on "Normal Labour" and "Malpositions and Malpresentation". In spite of that it would be a helpful book in the antenatal clinic and on the labour ward.

Ms L. CARDOZO,

Department of Obstetrics & Gynaecology.

"Immunology: An Introduction" by I. R. Tizard. First Edition, Pp 428, Price £7.95, Published by Holt-Saunders Int. Cover Soft.

The author has set out to write a textbook on immunology that can be understood by students who wish to learn something of this exciting scientific discipline. To do this he has tried to keep the text simple and scientifically accurate. He gives some of the supporting experimental evidence behind immunological facts and a set of brief "recipes" for the major immunological techniques used in the laboratory today. All this information is presented in twenty-four chapters and thankfully the contents in each chapter are indexed at the front of the book in a very clear manner. An important feature

of this text is its treatment of immunity to infectious disease and does not equate immunology with lymphocytology. Perhaps this latter point may be useful to non medical students in particular, but for the preclinical medical student there is already a good basic immunology book (Essential Immunology by Ivan Roitt) that competes in price, being scientifically up-to-date, and has better quality print and diagrams than this one. To compare a first edition version of a text book in immunology with another in its fifth is being very hard on Ian Tizard who has obviously spent a great deal of time and effort in producing his book. However, I am doubtful about this book making much of an impact on students in this country despite it being technically good and easy to read.

P. SHEPHERD,
Senior Lecturer,
Chemical Pathology.

"Physiology of the Human Body." by A. C. Guyton 6th Edition. Published by Holt Saunders NY. Pp 690. Price £8.50. Cover Soft.

The fact that this is a 6th edition tells the reviewer that the book, its style and its contents have already received approval so the questions to be considered are whether the new edition is an improvement and for those new to the field, whether this book is suitable for their needs.

To answer the last point, the book does not include the extent of knowledge that is required for medical students at this campus, but would be adequate for those whose study of physiology is less detailed such as dental students, physiotherapists, etc. The medical student would find it of value in conjunction with his lecture notes especially for revision. The striking feature of this book, apart from its price, is the clear way it is set out. There is an "overview" at the beginning of each chapter, the contents are set out under headings, the diagrams are simple and make their point and at the end of each chapter there are questions for the reader as well as a brief list of relevant references both classical and recent. There are also sections relating to the pathophysiology of the system under discussion, and a chapter on immunity and allergy.



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The author, as well as having made major contributions to the understanding of vascular physiology, has written many textbooks on physiology all of which have been well accepted and it is possible to understand the reason for the success of his textbooks from the preface where he states "There is no machine yet devised, or ever to be devised, that has more excitement or more majesty than the human body".

The new edition is mainly an up-date of new physiological knowledge with a greater emphasis on cellular physiology than seen in earlier editions. Overall a book for passing examinations rather than for winning prizes.

IAN MACDONALD,
Professor,
Dept. of Physiology.

"Measurement in Nursing Research", by Waltz, Strickland and Henz. 1st Edn. Pp. 407. Price: \$38.50. Cover: Hard. Published by F. A. Davis Co.

This book aims to meet the needs of nurses who wish to read and understand the theories and principles of sound measurement practices in nursing research.

The authors are American Professors of Evaluative Study who set out to describe the construction and employment of measurement practices in a variety of nursing situations.

Perusal of this book should provide the reader with selected nursing theories and their measurement implications, together with a list of resources useful in selecting tools for measuring nursing variables. Finally an overview of selected tools and procedures employed in nursing measurement is given. Like many American books it can seem unnecessarily verbose!

The discussions assume little background in measuring the quality of nursing care, so it should be possible for the less sophisticated reader to develop the level of knowledge to understand the content. However, I found it difficult to perceive the strategies and techniques suggested being easily implemented within the U.K. Chapters 3 and 10 and the Appendix provide the greater insights, though wider reading would be necessary to gain deeper understanding. At \$38.50, this would be an expensive addition to any nursing library.

N. THISTLETON
Senior Nurse Tutor

"Blood Transfusion: A Conceptual Approach" by J. G. Kelton et al. 1st Edition. Pp. 161. Price £9.95. Cover: Soft. Published by Churchill Livingstone.

This ambitious book attempts a comprehensive and up to date review of all aspects of blood transfusion practice. After a short introduction on blood and its constituent parts, there are three main sections of approximately equal length.

The first summarises concepts of inheritance and immunity and the molecular basis of red cell antigens. The second describes compatibility testing and other laboratory techniques including the preparation and storage of blood products. The final section deals with the clinical aspects of the transfusion of blood and its derivatives. There is a chapter on antibody mediated red cell destruction in autoimmune haemolytic anaemia and haemolytic disease of the newborn. Surprisingly there are no references and no subject index.

The material is presented in an unusual style which is attractive and makes for easy reading. Prose has been kept to a minimum and the authors are to be commended for their short sentences, short paragraphs and bold type face. Every page is illustrated by large cartoon-type black and white drawings and tables.

Despite this informal approach the topics covered are wide-reaching and in some cases both advanced and detailed. For instance, the complex interrelationships between the A, B, H and Lewis blood groups and secretor status; or the interpretation and significance of anomalous ABO and Rhesus groups.

This is not a book for the newcomer to blood group serology. Fundamental principles are sometimes obscured by detail. The technical problems discussed are unnecessary and perhaps confusing for medical and nursing staff with no practical laboratory experience. For dedicated blood bankers, however, the theoretical and technical details may be inadequate and occasionally controversial. For them the omission of references is a major drawback.

On the other hand, the third section is a very good account of the important clinical aspects of blood transfusion which medical, nursing and technical staff could read with benefit. The chapter on transfusion reactions is excellent and emphasises the many hazards of this routine and everyday "allotransplantation".

I would recommend this book as a good read to anyone with a basic understanding of blood group serology looking for a quick brush up and overview of the subject in all its facets. The authors intend the book for medical and nursing students, laboratory technologists, physicians and nurses. There is, indeed, something for everyone but no one group is fully catered for. At £9.95 I doubt there will be many takers.

ELIZABETH CAFFREY
Senior Registrar
Dept. of Haematology

"Aids to Orthopaedics" by Malcolm Mac-nicol. 1st Edition. Pp. 193. Price: £4.50. Cover: Soft. Published by Churchill Livingstone.

This book is one of many in the aids series

published by Churchill Livingstone which sells for £4.50 and as such is a very reasonable buy. However, it is not aimed specifically for undergraduates and has a rather dry but detailed series of lists of conditions, their diagnoses and problems. I do not think this will appeal to undergraduates at all.

However, for practising Orthopaedic Surgeons this will be useful for quick reference and I think the Author is to be congratulated on so complete a work. This is definitely not a book which one would read through from cover to cover, rather a book which one would use occasionally to clear up odd points which for instance become the subject of debate during tutorials etc.

J. D. SPENCER
Consultant
Dept. of Orthopaedics

Correspondence

Evelina Appeal

Dear Sir,

I read with much pleasure in the April issue of the *Gazette* that Her Majesty The Queen had supported Dr. Michael Joseph's Evelina Children's Hospital Appeal.

I am sure this must have been a great encouragement to Dr. Joseph which he so richly deserves.

I would like to congratulate Dr. Joseph on his presentation of the documentary on The Evelina Children's Hospital which appeared on BBC2's programme on the evening of the 11th April and which I watched with much pleasure and interest.

Yours sincerely,

Mrs. LYDIA FRANKS,
Vice-Chairman,
The Friends of Guy's Hospital.

Divine Doctors?

Dear Sir,

I read Alan Yates' article in the *Gazette* of 6.4.85 with considerable interest. Its publication followed hot on the heels of another article¹ on much the same subject. Like it or not the NHS is a giant corporation: such monoliths harbour tradition and resist change. However it would be wrong to ascribe blame for failure to "modernise" hospital practice to sheer size or to "administration", for this implies that the concept of a National Health Service and its day to day running (by lay administrators) is inherently at fault.

The implication of the Griffiths proposals fills the profession with horror; it fears accountability, distrusts management and worries about clinical freedom. The arrogance and intransigence of senior members of our profession is largely responsible for the present shambles for it is they who provide the medical advice to the adminis-

trators. Doctors have simply failed to put their own house in order and Alan Yates is right to draw attention to "inefficiency at clinical level". The uncomfortable nettle that he did not grasp was the continuing payment of large sums of money to consultants who fail to fulfil their contractual obligations and the overstaffing that is intimately intertwined with that dishonesty. Nor do doctors have some divine right to profligate spending of the taxpayers' money. They must all be subject to audit and peer review however distasteful that may be; after all that's what happens in the big bad world. When these gross irregularities have been weeded out the prospects of management actually being able to manage and thus for us all to provide a more efficient and cost effective service for our patients will be rosy indeed. Roll on the day. We need to remind ourselves and our colleagues that we are now in the last one-fifth of the twentieth century. We are told that being efficient is expensive. Are we and our patients going to be content with anything less? I hope not.

Yours provocatively,
NEIL WATSON, MA, FRCS.
Consultant Hand Surgeon,
Milton Keynes Hospital.

¹ Hamstrung by their own enthusiasm; a cautionary tale from Milton Keynes. BMJ March 23rd 1985.

Caption Competition replies

My dear Cedric,

I feel I may be able to shed some light on the photograph you revealed to us in your recent missive.

Nobody, in fact, knows his true identity or function but it is obvious he has a vital role to play in the smooth and efficient running of Guy's. As to what he is doing in the photo; is the vessel in his hands for catching the gastric contents of any unwary soul caught in conversation or is he demonstrating the art of cooking deep pan pizzas?

One cannot help but notice his distinctive style of clothing. The words emblazoned on his chest probably constitute his rather extensive vocabulary, so watch out for future additions such as "student" or "your place or mine?"

Yours sincerely,

GIGA SEAL.
Boland House.

To His Royal Highness the Right Honourable Cedric Bore.

Re: The Bore Report from the March edition of the *Hospital Gazette*; a suitable caption for the photograph of "Lord Pizza the Organiser" would be - "Club's Union Cards gratefully accepted!"

Yours faithfully,

MCP of BH

Sport

Introduction

An exciting summer of activity is envisaged for those members of Guy's who feel that their intellect allows them to tear themselves away from exams for the odd afternoon. The cricket season is already in full swing with a mixed bunch of results so far, but some promising performances all the same. Watch out for the date of the first UH Cup game.

The athletics club has again done Guy's proud recently by coming second overall in the University of London Championships, unfortunately being pipped by that lot over the river.

The summer festival is again rearing its drunken head so get your entries in for the 5-a-side and mixed tennis.

CFEP

CRICKET CLUB

Pre-Season Report

The early part of the 1985 season sees a period of transition for the first team. If all falls into place a rather formidable eleven could emerge. After a season as hugely successful as last year's several changes must undoubtedly occur. The elder generation of Guy's cricketers who have been an integral part of the cup match line-up are busily employed elsewhere leaving those whose youthful lustiness flowered under last summer's sun less carefree, more self-conscious.

As captain of a cricket side for the first time I have found it daunting to carry on from Chris Pocock whose instinctive knowledge of the game is quite remarkable. The style of my captaincy cannot help being less confident, more naive - we'll see.

The great bonus of this year is the acquisition of several very able young bloods amongst the freshers. Simon Crowther, David Bailey, Richard Vowles and Kevin Singh are characters of whom a large amount will be heard over the next couple of seasons. The transition which I have mentioned should be the rise to form of these new stars along with the maturation of Navroz Masani and his stroke-play. This will I hope be complemented by the ability of crucial players like Iain Cranston, Gavin Shannon, Chris Pocock and Tom Brink to lead by example from the top and in all departments.

The new artificial net at Honor Oak Park is an asset which is already being exploited. The square is in superb condition for which Eric Dann must be thanked, and the support of the club president, George Scott is as majestic as it has always been. So the prospects must be good. Some of the early match reports follow.

The Muddle-Headed Wombat

Guy's v. St. George's C.C. Won by 166 runs

This was a disastrously eventful first fixture against a new and not all too competent opponent. Guy's declared at 204-1. The

runs came from relentlessly determined Pocock who opened his season's account with a large credit balance of 106! Matt Davies combined with the "Walrus" for a stand of 154 before damaging his knee and having to retire hurt with 45. This calamity has very far reaching consequences. No first-choice wicket-keeper and very versatile batsman, until when? St. George's were bowled out for 38 with Cranston on form taking 5-11. Vowles assisted with 3-16.

Guy's v. Rowan Lost by 6 wkts.

A game which was lost due to the acts of one man. Who lost the toss? Who was it who declared too generously after running himself out? And who put down a sharp chance in the gully? In spite of these events it was actually a very good game of cricket. The Guy's batting was sobered by the tight bowling of Rowan, who were obviously much better than St. George's. There was only one duck in the innings of 136 which is a good indication of batting strength. Neale Calver and Jon Pollard made a very solid 44 partnership for the eighth wicket, which could easily have paved the way for 150-160.

Rowan struggled a little with Cranston and Shannon starting well. They scored the runs, however, off 28 overs with about 5 to go.

Guy's v. King's College Hospital Won by 5 wickets

It is always very satisfying to beat other hospital sides. After last year's unsatisfactory draw, to beat King's was great. The opposition was probably stronger than last season, but excellent bowling from Cranston, Vowles, Dargan, Chauhan and Pollard supported by reasonable fielding saw them all out for 133.

Pocock was very positive as usual, but got himself out for 41 (a Jinx number for him). Crowther looked self-assured in spite of debut nerves but inexplicably paddled a full-toss out to cover, never mind. Brink stroked 59, ably supported by Pollard after Cranston was bowled round his legs for 0. Bailey and Zbuzreznjak led the side home with an invaluable and unbroken stand of 7. Well done.

Muddle-Headed Wombat

U.L. Cup 1st Round

Guy's v. University College – Lost by 3 wkts

This was a game which Guy's could well have, and probably should have, won. On Saturday night things were not looking good – i.e. we had nine players with little prospect of finding the other two owing to 90% of the population of Guy's attending Roy Dixon's wedding. However, with the introduction of the youngest ever ringer to play for Guy's – one Masani Jnr. – and the capture of that unlikely cricketer – Mr. D. M. Carruthers – eleven players managed to assemble outside B/H for the 11.30 meet.

On arrival at Shenley, Tom predictably called *incorrectly* and we were inserted on a good-looking wicket. The weather was less good-looking being overcast and keeping many a brass monkey indoors. Guy's started well. The U.C. opening bowlers straining in off their 40 yd. run ups and bowling at a ferocious medium pace were dispatched for 35 from the first 7 overs until Pocock played on for 21. Masani and Brink put on a further 53 for the second wicket until Masani was well caught behind slashing at a wide half volley for 40. Brink and the blind Cranston – Tracey had hidden his glasses again, or had he been sick on them – again added 50 for the third wicket, and with Brink finishing on 76* Guy's were able to reach a respectable 170–5 from their allotted 40 overs.

The U.C. reply started sensationally. With the fifth delivery Shannon accounted for their No. 1 caught at short leg by Masani. With the seventh delivery, Richard Vowles disposed of the No. 2, brilliantly caught by Kevin Singh at cover to leave U.C. faltering at 0–2. A further wicket should have fallen at 20 when the partially-sighted Cranston failed to negotiate a slow floating catch at mid-off. From this point onwards the game slipped away as Guy's bowling and fielding deteriorated. U.C. proceeded quickly to 158–4 until the wily Brink introduced his curious brand of Chinamen-come-wides that saw three wickets fall on 158. The glimmer of

victory was stifled, however, in the next few overs as U.C. stumbled to victory. A scrappy performance that will have to be improved on if Guy's are to proceed far into the U.H. Cup.

Guy's vs. Streatham Police

Lost by 9 wkts.

Guy's 86 (Pocock 44, Tucker 17)

Seatham Police 81–1

Guy's v. Temple Sheen Eccentrics

Won by 29 runs

Guy's 124–8 dec. (Pocock 41, Brink, 20, Masani 22).

Temple Sheen 95 (Cranston 3–10, Shannon 2–13, Dargan 2–12, Pocock 2–25).

Diverse Shoes

1985 SPIROCHAETES' TOUR to PAIGNTON ("Mead is Murder" tour)

As the Spirochaetes "Captain Sensible" (Ian Phipp) surveyed his minions sporting horrendous shirts and totally valueless sunglasses (forecast, rain plus-plus-plus) he was heard to dazedly announce, "hold on – there's a few hockey players in this team!!" The most prestigious touring team from Guy's had congregated and Spiro's madness was about to commence.

Spiros, prisoners, plastic woman and beer barrel were squeezed into gleaming bus. Thanks to Bert for the pint glasses! "XYX" tried to escape at Earl's Court but was dragged away, screaming, from the ticket counter at the Tube Station. It became apparent that Houghton's serious verbal/expressive disorders are magnified tenfold by each pint; and that Freshers should be seen and not heard (or preferably NOT seen and not heard!).

A 10 mile tailback on the M4 meant 4 hours of beer-soaked enjoyment. Pocock drank half the barrel and we were all thankful for the bucket! Tony kept the girls happy by streaking between stationary rows of traffic clad only in Capp's grass skirt. "El Nav" and "Pilchard" spent much of the time on the roof, and "Pilch" decided that the quickest means of disembarkation was to parachute jump. Lack of a parachute led to predictably disastrous results! The plastic woman had several episiotomy repair attempts – all unsuccessful – and she continued to leak gas from her perineum

throughout the tour. Mind you, gassy beer produced similar effects in most of us!

On arrival at our cosy and civilised(!) guest house Cieslicki was first tour deserter. Friday morning marked the arrival of those Spirochaete veterans – Rytina, Scrivan and “Black Bottle”. Onwards to commence battle against an admirable group of hockeys from RDH – the Rodents. A classic hockey match with Phipp, “El Nav” and “Pilch” round at the back, “Bottle” and Pocock menacing at the front. The opposition – one short – innocently accepted our offer of Houghton, and we duly recorded a famous victory. Credit due to Pocock for scoring, and Gardner for keeping a “clean-sheet” on his debut. Victory celebrations were enthusiastic and suitably alcoholic (the Captain even had a half of lager and lime!) The traditional visit to the Go-Karts was nearly disastrous when Rytina’s hair got caught in the suspension of the Kart 5 yards behind him!

The evening session at “The Ship” will be remembered, I think, for the style and panache with which inflated “party balloons” were worn as hats! Capp (no pun intended) and Scrivan excelled. The total overshadowing of the Brummie footballers in vulgar bar songs was also commendable. The railway embankment was safely negotiated; Rytina did suffer a particularly nasty scratch on the nose – it was only 4 days later that we realised that the underlying lesion was minimal and he had just not bothered to wash the blood off! The inevitable police interrogation was ably dealt with; Pocock stunning the nice chappies with intellect. Their reply of “We ask the questions, sonny” was classic and probably the best one-liner of the tour so far! It was confirmed that Freshers should be not seen and not heard. Saturday morning “Pilch” as yet the only invalid. Our second match of the tour was played on a rain-soaked red mud pitch. With ghetto-blaster blazing away we dominated the early stages before suddenly falling eight-nil behind!! “Captain Sensible” showed that sobriety doesn’t pay by taking a penalty flick which did not quite manage to reach the goalie.

Onward to the notorious Torbay Cider Bar. Tour rules: glasses of mead must be knocked back in one; pints of “Rough”, “Very Rough” or “Extra Rough” to be sipped continuously. Under the influence of cider’s marvellous ability to abolish one’s inhibitions “Pilchard” showed himself to be

a disgusting paedophile, by chatting up a small boy. Independent witnesses have stated that the accused was seen with the victim, “playing on the swings.”!! Scrivan decided, as senior citizen, (only man on tour born in the ‘50’s!!) to sink a pint of “Really Quite Rough”. Even the most ignorant Medical Student (yes, Gav Shannon was on tour) could predict the swift onset of abdominal symptoms and productive cough!

The prestige match of the Hockey Festival – Spiros versus the 71st Lancets – was played in teeming rain, on a car park, below sea level. We brushed aside the imminent threat of flooding, although some say that it was fear that led to “Pilchard’s” temporary loss of sphincter control! Reporters from the *Times* and *Telegraph* assured us that the only difference between the two teams was 40 pints of cider, and the Lancets’ ringer (who scored all their goals). Result, 3-1 to the Lancets; moral result 1-0 to us, “Bottle” scoring the goal.

The evening was spent as guests of honour at the Lancets’ AGM at the V&A. Beers flowed, songs were sung, poems about the past and present glory of Guy’s were recited, and ad-libs ad-libbed. Vigorous games of “clap-clap” entertained all and exposed Houghton’s total inability to co-ordinate hand and eye. “Capt. Sensible” did a creditable striptease to follow the well-practised routine of the Lancets’ Cole. Horrible rumours that he was actually sober at the time were leaked by astonished spectators. The evening reconfirmed that Freshers should not be seen and not heard.

No Sunday morning fixture, so an early-, mid-, and late-lunchtime session, at the Waterman’s Arms. Unfortunately the customary sing-song on the island was rendered impossible by the swirling rapids, the result of the horrible weather. Jason Hurley, on his first Spiro’s tour proceeded to tell that seven-year, seasoned Spiro old-boy, Liam Broughton that “it’s tradition y’know” to make the above excursion. All efforts were made to encourage him to try it.

After another heavy defeat, the less said about it the better, we were entertained again by the Lancets. The “Cocktail Concocting” evening at the Manor Inn turned into quite a horrendous session; marked by the concocting of several frightening brews. Particularly savage was the “Irish Fool’s” Bailey’s-based offering. Since it looked awful, and was certainly unpleasant. Pocock theatrically drank this blood-red cocktail with the aid of a “vampire’s teabag”...

By Monday, the number of deserters had risen alarmingly and it was time to go home. Many thanks to Mark Allington for driving the bus. Mark also became the first member of a tour to spend the entire 4 days without saying a single word! Not a lot of people know that.

Spirochaetes: Phipp, Pritchard, Rytina, Scrivan, Black, Taylor, Broughton, Pocock, Masani, Shannon, Houghton, Gardner, Hurley, Allington, Jones, Capp.

Lancets' Groupie

RUGBY CLUB

National Medical School Rugby VII's Competition

Guy's sent 2 sides to the competition this year which was held in Leicester. Both teams, as usual, were chosen 12 hours before departure I hasten to add. This led to a few selection problems when it came to deciding who was going to play where. The 1st VII was an easy task but the 'B' VII presented more of a challenge as they were all potential wingers. However, with 'touch judge' Barry in command they were soon brought to order.

We arrived at Leicester station at 9.00 a.m.! and a few players were unhappy about the early start. Matters were not helped by the Arctic conditions we encountered north of the Watford Gap; but the great Frank Guppy cheered us all with some of his favourite opera arias. The mighty mince, "who knew Leicester like the bank of his hand" (quote) led the way to the ground. Unfortunately this involved a bus ride and short walk and when it proved to be the wrong venue and the wrong side of the city it looked as though it would be "one of those days".

Will Hanks attempted to persuade a local bus driver to take us to our destination but failed. Again Guppy was on hand to call taxis and we arrived safe and sound at the competition.

A slight oversight by the touch judge meant that there was no kit. However, some of our chaps possessed their own hospital rugby shirts and these were given to the elite 'A' VII. Barry's boys had to content

themselves with the dregs of what was left. Guppy looked every inch a Bridgend player!

Haley captained the elite and they faced Dundee A in the first round and after initially falling behind won 12-10; simultaneously the dregs were being hammered by Sheffield a lot to none.

However, "Big-belly Bellis" threw his tummy about the park with vigour for the B VII and Hanks showed his magnificent skill at neck tackles. The referee was the only person who disapproved of his fine display. Dyer "the flyer" juggled mud patts in an attempt to entertain the crowd and rally his team's morale, but his efforts were to no avail.

In the next round the A VII met UCH 'A' and saw them off with a fine display of power rugby 16-4. Fine tries by McKenzie, Watts, O'Brien and Pollard were scored but the 'B's had a superb performance and went down 24-0 to Barts A.

With one match left each in their qualifying pools everything looked plain sailing for the A VII to qualify. A miracle was needed for the gallant B VII to get through. The A VII had a slight hiccup against Charing Cross and Westminster A losing 10-12 - McKenzie again scored 2 tries - but still went through into the plate competition. The B's battled bravely against Cardiff 'A' and showed true grit and perseverance, but conceded too many tries to none in the process. Consequently the B's could go and have a hot shower and try to regain some feeling in their extremities; while the A's went through to the final stages of the competition.

Unfortunately, John 'Sweetie' Pollard twisted his ankle and was replaced by "ol' fat belly" for the 1/4 final against Oxford A. Another injury to our superstar running back Pete McKenzie led to the reappearance of the flyer on the wing for the elite: but these changes meant there was a massive reorganisation of the A team and Oxford ran out winners over us 12-6. Vickery scored an excellent consolation try.

All our players were disappointed about the exit from the competition, but it meant the end of suffering the miserable weather conditions. The weather had deteriorated to sleet and snow showers during the day. The players returned to London apart from "The Wilderbeest" who stayed to graze a while in the Leicestershire meadows. The Past/ Present reunion celebrations helped finish

the very long day in fine style later in the evening.

Teams: Elite: – Haley (Capt), O'Brien, McKenzie, Vickery, Pollard, Watts, Beardmore. Dregs: – Jenkins, Twatt, Hanks, Guppy, Bellis, Barry (Capt.) Dyer.

Julian Mince

Taunton 22 Guy's First XV 9

After the recent inclement weather, causing havoc with the Saturday fixtures, Guy's made a merry trip down to Somerset to play Taunton. However, due to a lapse in the skipper's memory three players were not informed of this jaunt to the West Country and an air of panic prevailed amongst the players on Saturday morning. Help was at hand. Charlie Poppelwell, little known to the lads, was rushing down the M4 to the rescue accompanied by Mike "the Boot" Hackett. Also Ol' Pigel was rushing to Paddington station after an anonymous phone call. The team were in low spirits when they arrived, but Charlie's beaming smile *cheered* them up at the station.

During the match, the typical large proportioned pack of Taunton presented Guy's with some problems at set pieces, but in the loose play the young Hospital side proved superior and more imaginative. At stages in the game Guy's play was in the style of the Barbarians which the local crowd appreciated. The superior fitness of our lads began to affect Taunton and also the tenacity which we displayed gave our opponents problems in trying to contain us.

However, the more experienced Taunton side played to their strength – the pack – and eventually ran out 22–9 victors. The points for Guy's were scored by Hackett with 3 penalties.

This was a spirited performance by Guy's, which was a very young side compared to previous 1st XV sides and the players showed skill and commitment in all aspects of play. Beardmore and Davis in the 2nd row are maturing into a fine partnership in the scrum and line out, their mobility adds a new dimension to the Guy's game. The backs again caused problems to the opponents when running, with Haley in good form after his return from injury.

Team: Seare, Dixon, Poppelwell, Beardmore, Davis, Watts, Francis, Meharg, Docker, Poole, Leigh, Wilson, Haley, Coleman, Hackett.

Ski-Club Trip To Tignes Les Brevières

It must have been the largest group which Guy's has ever sent to terrorize the Continent. On the 29th March, a coach-load of assorted medics, physios, nurses and dentists – forty-nine in all – set off for the French Alps. (There was a slight delay in departure as we waited for Dimp to collect his Travellers Cheques!).

We reached Dover at about 5 p.m., and boarded the ferry to Calais. Ahead lay the long trip to Tignes, which was enlivened, mainly by Duckworth's depraved and disgusting tape collection.

Tignes Les Brevières is the smallest, oldest and by far the prettiest of the villages in the huge Val d'Isère/Tignes ski complex. We arrived early in the morning, in glorious weather, with the promise of excellent skiing. We dumped our bags, and the keenest immediately headed for the slopes. The rest of us explored the resort, not difficult as it contained only three bars and a sports shop. In the evening the skiers returned, sunburnt and enthusiastic to a good meal and thence to the bar.

The first full day's ski-ing began with a ski-off, to sort us into our various ability groups. Each group had six hours of lessons from the École de Ski Française, and some



"Franco having his shoulder assessed."

guidance from the King's Ski Club reps. The rest of the time was available for free ski-ing.

The Tignes ski area is one of the best in Europe. Its high altitude ensured that, even this late in the season, the snow was superb. We were lucky and enjoyed excellent weather. The instruction was also good, and by the end of the week even the beginners were attempting parallel turns.

The physios proved our greatest asset. Franco had his shoulder expertly assessed by Helen and co.; Paul's knee has finally been sorted out, but funny how everyone ignored Duckworth's groin strain. In return we sacrificed "Dimp", but they threw him back. Even Kirsty averted her eyes, although I gather she demanded to see the photos later. The night-life was very much DIY, so

we began by borrowing a couple of barrels of beer from the bar. . . . Highlights of the week included a trip to Val d'Isère to see the Sloanies, a live-band, a barbecue, various videos, and the sight of a dozen drunken physios dancing on a table, singing their own special version of "Big in Japan". However by far the most important event was the boat race against a load of no-hopers from Bristol Poly. We beat them by 1½ pints, but we did have the advantage of Netty and Rina in our team.

The week went quickly. We had exercised our bodies during the day, and our livers at night. The coach journey home was painless, and we returned refreshed.

M.D.S.

Hospital Information

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BIRTHS

BRAY - On March 21st to Edward and Julia a daughter Jessica Louise, a sister for Emily and Charlotte.

EARNSHAW - to Jonothan and Susan (née Stirling) a baby daughter, Charlotte Amy - Kirk House, Mychgate Court, Trough Road, Watnell, Nottingham, NG16 1HG.

LANGDON - Chris and Jenny are very proud to announce the safe arrival of their third daughter Helena Jane on 25th March, 1985. A sister for Fiona, Katie and Peter. (Poor Peter!).

ENGAGEMENTS

The Engagement is announced from Hong Kong between Clive D. Thorne and Alison M. C. Healey SRN (Guy's - 1973-1977)

LANGTRY, Dr. J. P. E. and Elton, Dr. S. M. The engagement is announced between Paul, son of Mr. and Mrs. J. I. Langtry or Orpington, Kent and Susan, younger daughter of Group Captain and Mrs. P. H. Elton of St. Ives, Cambridgeshire.

DEATHS

BRINTON - Wilfred Danvers, MD FRCP Consultant Physician at the Royal Hampshire County Hospital, Winchester, died on Tuesday, 9th April, 1985.

BURROWCLOUGH - John Rawlings of Crescent Cottage, Upwell, died on 31st April in his 96th year. Guy's (1907-1913).

HAGGER - Cyril Ingram, formerly Guy's Dental consultant, died on 25th April, 1985 aged 72.

CHANGE OF ADDRESS

BROWNE - Mr. Eric W. M. Willowhale, Close Lanchet, GRO 15Y. 74570. Thorens-Glieres, France.

HEALEY - Alison M. C. SRN - 21b Arbutnot House, 10-12 Arbutnot Road, Hong Kong, Telephone 5-259291.

SAGE - Mr. B. W. 9 Cott Road, Lost Withiel, Cornwall, PL22 0ET.

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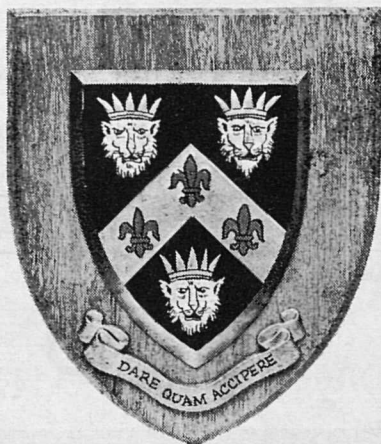
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Peripatetic Learning

As noted by many a long time ago, Guy's amongst most other large London Teaching Hospitals is fast becoming more and more specialised, and less and less suited to training the aspiring young doctor. As the population in the catchment area diminishes this specialisation is probably the only successful way ahead. This is all perhaps epitomized by the introduction of the new Nuclear Magnetic Resonance Imager at Guy's. Already there are clinics full of 'rare' syndromes that General Practitioners may see only once in a lifetime. So what prospects for the students? Of course it is important to see the rarities, but how should the student be taught to appreciate them? Fortunately the answer has been unleashed in good time. Students now spend approximately a third of their clinical course attending hospitals outside Guy's.

Ordinary medical and surgical firms take place at New Cross, Lewisham and Greenwich, as well as at Guy's; obstetrics and gynaecology may be studied at Lewisham; a nine week 'regional' firm is done in one of Brighton, Pembury, Farnborough, Greenwich or Dartford hospitals – to include four weeks' obstetrics, in the second clinical year; a fortnight of the paediatric firm is set aside for 'general' paediatrics, where pairs of students visit district general hospitals outside London; currently the psychiatric department are trying to arrange a firm at Hither Green and they also send small groups of students away for a week's tuition at either Gravesend, Bexley or Canterbury. In addition to these organised curricular travellings students may arrange their own six week medical or surgical elective during the first clinical year, anywhere in Great Britain. Similarly they may organise their own ten week elective anywhere in the world in the final year. Thus the medical school arranges for the student to be exposed to all Guy's multi-faceted assets and to all that Guy's lacks.

The peripheral attachments allow many more opportunities for learning general medicine. Firstly these peripheral hospitals are crammed full of good general medical and surgical cases. There is opportunity for clerking almost as many patients as one likes, and the junior staff are delighted to give students a little responsibility for a few patients. Secondly one is exposed to the workings of a District General Hospital, where five admissions is a *quiet* day, and patients are dealt with quickly and efficiently – no half hour dissertations on each and every problem. Finally most of the staff seem to enjoy teaching. The consultant staff are more available, as they are not lecturing, examining and researching, abroad and at home as much as some members of Guy's distinguished staff.

Drawbacks to this peripatetic life include travelling to and fro for the outside firms – exhausting and draining on the resources, especially if one has no access to the travel grant. It is also quite wearing establishing oneself in a new hospital and one inevitably finds that just as everything has settled down and you are ready to take full advantage of the

opportunities available there are only one or two weeks of the attachment left. Lastly Guy's gossip appears to pass one by at an alarming rate and one often returns from the great outside to encounter a host of new faces. Nevertheless students return to Guy's refreshed and stimulated by the time spent away.

The balance at present between the amount of the clinical course spent at smaller branches of Guy's and the *alma mater* herself is good. However the great homebase is important and care must be taken not to overdo this peripatetic learning.

News in Brief

Queen's Birthday Honours

The following Guy's people have been honoured in the recently published awards: Dr. Tony Trafford, Consultant Physician at Brighton is knighted. Two of the Hospital's governors are honoured; Roy Griffiths (of Griffiths Report fame) is also knighted, and Eddy Rowe receives the O.B.E.

War Memorial Arch

There will be widespread satisfaction at the news that the War Memorial Arch, which was taken down in 1967 to facilitate the building of Guy's Tower, is to be re-erected in the Park, thanks to arrangements made by the Special Trustees for the Hospital with Chesterfield Properties, who are building New City Court on land bounded by St. Thomas's Street, Guy's House, Talbot Yard and Borough High Street.

When the Memorial was removed from the Great Maze Pond entrance to the Park a firm undertaking was given that it would be re-erected as soon as practicable. The site now chosen for the Memorial is close to the roadway on the North side of the Park, near Shepherd's House, and the arch will flank the approach to the flats for the nursing and other staff which are provided in the Chesterfield Scheme. A pathway is to be made through the arch, southwards across the grass to near the Nurses Home. The piece of the Park in front of Shepherd's House will be landscaped and provided with garden seats.

It is hoped that the project will be completed by October.

Mr. Eric Loomes

Mr. Eric Loomes of the Special Trustees, and financial advisor to the *Gazette* for many years, is retiring this month after many years of service at Guy's. We would like to thank him for all he has done for the *Gazette*, and wish him well in his retirement. (see *Appreciation*, p.194)

Dr. G. M. Morris

Following the sudden death of Dr. G. M. Morris in May last year, (an obituary notice appears on p. 193) a sum of money has recently been received in his memory, to be given to a medical student, to help with an overseas elective.

Blaikley Memorial Prize 1985

At a very pleasant ceremony held on Wednesday 1st May 1985 in the Department of Obstetrics, Mrs. Vivienne Blaikley presented the Blaikley Memorial Prize, 1985, to Dr. Jane Spring, Registrar in the Department. Mrs. Spring was introduced by Mr. Morris who paid tribute to her expertise, enthusiasm and commitment. Since holding her Registrar appointment at Guy's and within a year she has obtained both the MRCOG and the MRCP and is very worthy of the prize. Mrs. Blaikley presented it with her usual grace and charm.

W.H.A.T.

September marks the tenth anniversary of the opening of Wolfson House. Sufficient enthusiasm has been shown for the idea of celebrating the event to go ahead and book Boland House, caterers, and order a vast quantity of wine for a buffet party on Saturday, 7th September. It is hoped the event will be an excellent opportunity for a "subsidised" reunion with many old friends. All graduates who were resident in Wolfson House are eligible (wives, husbands, mistresses, etc. are also welcome).

A hundred-plus figure is expected with a particularly good response from the original in-mates. The latter have already suggested the party should take place in the 14th floor common room (or a certain room in the nurses' home) to rekindle the nostalgia of student life. However it was decided that the fire fighting apparatus could not cope with the number. The reunion will therefore take place in Boland House. Please send your cheques (£10 per head payable to Guy's Hospital Medical School) to Andy Baker, Registrar, United Medical and Dental Schools of Guy's and St. Thomas's Hospitals, London Bridge, SE1 9RT.

Please indicate legibly who is coming so the invitation can be returned with the correct names.

Grant Increases

London Lodgings 30 weeks: from £2,100 to £2,165 per annum. Extra weeks: from £48.60 to £50.05 per week.

The effective charges for U.M.D.S. students in lodgings and halls are:

	From £	To £	Increase £
Preclinical [33 weeks]	2,246	2,315	69
BSc. [40 weeks]	2,586	2,666	80
Clinical [45-50 weeks]	3,169	3,266	97

The Minimum Grant, currently £205, is abolished.

Physiotherapy Charity Ball Appeal

Guy's Hospital School of Physiotherapy Charity Ball Appeal 1984-85 ended with a very successful Ball at The Grosvenor House on 10th May, 1985. Representatives from Guy's Association for Renal Patients (G.A.R.P.) attended and a cheque for £2,730 was presented to G.A.R.P., raised from various activities during the past year. The Ball Committee would like to thank everyone who donated and supported our Appeal.

The Guy's East Anglian Society Dinner 1985

The Guy's East Anglian Society dinner for 1985 took place at the Sainsbury Centre for the Visual Arts, Norwich, on Saturday April 27th. 106 members attended. The Society enjoyed a private viewing of the art collection prior to the dinner. A special grace, dedicated to Guy's was said by the Rt. Rev. Maurice Woods, the Bishop of Norwich. A copy of the Grace appears below. The President, Dr. A. Batty-Shaw, proposed the toast of Guy's Hospital and its Medical and Dental Schools.

Dr. G. W. Scott, the Guy's guest of honour, in replying to the toast gave a very amusing and interesting speech, illustrated with slides, describing the new developments that are taking place at the moment in and around Guy's. After thanking Dr. Scott for his speech, the President announced that Dr. C. Bishop, the secretary for the past 15 years, was retiring. He presented him with an antique print of Guy's as a token of appreciation. Mr. B. A. Ross was elected as the new secretary.

Guy's Grace

O God our Heavenly Father, who taught us in Scripture '*Dare quam accipere*' help us not only to *receive* these gifts of your Bounty with thanksgiving, but so to *give* ourselves with skill and patient care to all in need, that they may *receive* Your blessings of healing and wholeness, which You *give* and which are the enduring principles of our great hospital.

For this food, for our friendship, and for Guy's, past, present and future, we praise You, in the Name of Our Lord Jesus Christ, the incomparable physician of our souls.

Amen.

Gazette Shopping News

We are delighted to announce that from July, Guy's-crested pint tankards will be available exclusively from the *Gazette*, in addition to our popular half-pint tankards and goblets. They are also made in fine English pewter and will be priced at just £18 including postage and packaging.

Guy's Hospital Gazette



We should like to remind our readers that all copy for inclusion in the "Gazette" must be received 15 days before publication. Copy dates for the next two months are July 10th and August 14th.

Copy may be sent to us at 23b St. Thomas' Street, Guy's Hospital, SE1 9RT.

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Obituaries



Cyril Ingram Hagger, L.D.S.R.C.S.England

Cyril Hagger died at the age of 72 while still actively practising dentistry. Only a few days before, he had been to his yacht on the Medway. We shall remember him as a kind and gentle man, his patients knew him as a kind and skilful dentist. We all remember him for his ever youthful spirit and appearance. He was always approachable and was regarded as a personal friend by an enormous number of people. His childhood was spent in Dulwich where he was educated at Alleyn's School. From there he gained the London matriculation in June 1928 and won (jointly with E. S. Venning) the Guy's Science Scholarship. He entered Guy's in October 1929 at the age of 17, and qualified in December 1933. In his student period he was appointed Student Demonstrator in Histology, was bracketed equal top in the Final Year Prize and won the Newland Pedley Medal and Prize. We have it on the authority of a senior member of the present Conservation Department staff who has quite recently seen Cyril's Newland Pedley patient, now 94 years old, that she still has a good dentition with many of the original restorations made in 1933. He was a keen supporter of the Dental Society giving two papers to the Society in 1933 when in his final year and another in early 1934 just after qualification. He was Assistant House Surgeon to Mr. Pritchard and Mr. Hooper and, after qualification was House Surgeon to the same firm from

January to June 1934. Cyril was appointed to the Guy's staff as part-time demonstrator in the Department of Conservative Dental Surgery as soon as he finished his term as House Officer. It was then that he started his own practice in the family home in Dulwich. His early recreational interests were swimming, water polo and sailing. He was actually out sailing in 1939 when war broke out and was called back from his cruise to go on active service, having volunteered for the Royal Army Dental Corps some months before. It was in October 1939 when posted to the Midlands that he met Barbara and the following May when they married.

Much of the war he spent at the Dental Centre in Quantara on the Suez Canal. He came home in 1944 following a bad bout of dysentery, but was later posted to Brussels.

After the war he returned to restart his dental practice and to his part-time hospital appointment, becoming a Senior Hospital Dental Officer later being re-graded Consultant. At various times he also held School appointments of Senior Demonstrator and Director of Teaching in Minor Oral Surgery and Casualty, at which time he acquired a special reputation as a wizard in the removal of impacted third molars.

During all the years of his association with Guy's, Cyril was a loyal supporter of Hospital and School functions, a regular attender at the Dental Dinner and at the Ball and was President of the Dental Society in the year 1953–1954. From 1966 to 1972 he was the Licentiate's Representative on the Board of the Faculty of Dental Surgery of the Royal College of Surgeons in England.

He retired from the Hospital in 1977 on reaching the age of 65, but continued to practice. He died on 25th April, in the hospital he loved, of a cerebral haemorrhage, having survived and fully recovered from a coronary some 22 years previously. Our sympathy goes to Barbara, his wife who partnered and cherished him for 46 years and to his daughter Anne and son Michael and their respective families.

B. S. Saunders, L.D.S.R.C.S.England

Brian Saunders died in February after a short illness. He started the premedical course at Guy's in 1943 and qualified L.D.S. in 1949 just thirty years after his father obtained the same qualification at Guy's. A number of the present staff at Guy's will remember his ever cheerful and effervescent personality. He was one of a dozen students, including the writer, who went on a memorable trip to Scandinavia on a student exchange in 1948. At that time there was food and clothes rationing in this country and the hospitality and remarkable life style of the Swedish dental students left an indelible impression.

After National Service in the Army he joined his father in practice in Gloucester and latterly was joined by his son Nick who also qualified at Guy's (1979). Brian played an active role in the B.D.A. serving as local President and Treasurer and was a member of the local Dental Committee – later Family Practitioner Committee – for many years.

His relaxations were to tend his large garden and to enjoy classical music. He was a marvellous companion as he had an inexhaustible supply of stories.

Brian's sudden death came as a great shock and his great popularity was proved by the large attendance of friends, including many patients, at his funeral.

His friends at Guy's extend their sympathy to his widow and children.

A.H.R.R.

Dr. G. M. Morris

Dr. George Michael Morris, a general practitioner in North London, died suddenly on 13th May 1984, aged 58.

George Morris was born in Glasgow in 1925 and, as his mother had been widowed when he was only two and was dependent on her family, he was not offered the option of further education. He left school at fourteen with no qualifications and became an apprentice in the family firm of furriers.

As soon as he was eighteen, it being war time, he joined the RAF where he served in the last year of the war as a tail gunner which, typically of him, he opted for, being very afraid of heights! After demobilisation he returned to the fur trade, although by this time he had a yearning to study medicine. A small legacy left to him in his early twenties enabled him to make the break and go back to studying, and he had to take his School Certificate before going to Guy's as a mature student.

He qualified at the age of thirty and entered general practice in North London in 1957, where he practised until his death.

He was interested in dermatology and, over the years, held several clinical assistant posts, and he also acted as medical officer for several years to Grovelands Hospital and the Hornsey Central Hospital, where he cared mainly for the elderly and those recuperating from surgery.

He loved general practice, and was the trainer for ten GPs. He was also involved in teaching undergraduates at UCH and, as well as having student attachments to the practice, he ran seminars on medical ethics.

In 1972 he was the driving force in founding the Doctors and Overpopulation Group, and he published a book on overpopulation. The Group was active in campaigning for population education, extensions of family planning services, for keeping a liberal abortion law and promoting better career opportunities for women. In 1974 he became a member of the National Association of Family Planning Doctors and later served on the Council for some years. He also served three years on the Standing Medical Advisory Committee.

He played an active role in organising medical opposition to the various attempts made in Parliament to amend the 1967 Abortion Act and in 1979, together with Dame Josephine Barnes, he founded the "Doctors in Defence of the 1967 Abortion Act". Lately he was involved in publicity designed to counter breaches of confidentiality in medicine.

As a result of his activities in many campaigns he became well known to the media, and was frequently asked by press, radio and TV for his views and comments on matters relating to family planning. He also wrote an occasional book review for the *Lancet*.

Apart from his many interests, which included painting, writing, poetry and gardening, he found time to organise paperback reviews for medical magazines, the proceeds of which went entirely to "Save The Children Fund".

He was a great conservationist, and consultants in many North London hospitals, and his FPC, instantly recognised his referrals, which were always typed on the backs of discarded circulars or advertising material that had only been printed on one side, and at the bottom of which he would stamp the legend "Re-use paper – Save Trees". He was very proud that his practice had not bought an envelope in ten years!

In addition to the key role he played in the defence of the 1967 Abortion Act, George Morris served on several family planning committees, including the Birth Control Trust. He brought to their deliberations cool judgment, inspired common sense, political imagination and a flair for publicity that made him indispensable.

He had a remarkable ability for devising economical campaigning ideas, which produced a large effect using only slender resources. His gleeful chortle at the other end of the line when such an idea was being floated was not the least among the disarming aspects of his personality that many of us will sadly miss. Few doctors have pursued such controversial causes, as they certainly still were a decade ago, with such persistence, passion, effectiveness and unfailing good humour. The younger generation of women, who are now benefiting from his commitment, have reason to remember his name with gratitude. He will be sorely missed.

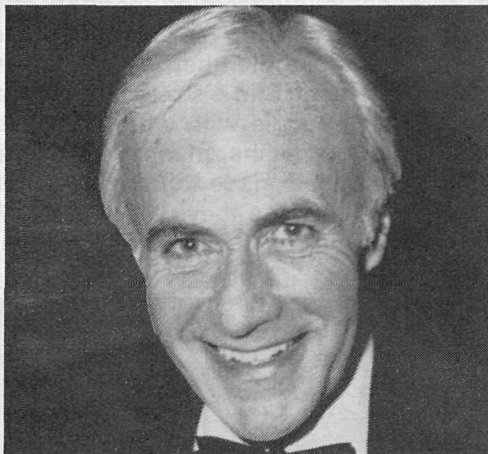
He is survived by his wife Barbara and children, Jane and Jeremy, to whom go our deep felt condolences.

Appreciation

Rick Loomes 1940 – 1985

Rick Loomes started his career at Guy's on the 20th May, 1940, at the age of 15 as an office boy in the Counting House. This was when the German army had just occupied Belgium and Holland and was well into France, with the evacuation of the British army at Dunkirk still to take place.

His reference was good and a note in the file, made at interview, is that he was asking for eighteen shillings a week. A benevolent administration started him at one pound a week and increased this to twenty-five shillings on completion of three months' satisfactory service. In the succeeding years he saw a large part of Guy's damaged by bombing and having been appointed to the permanent staff in 1943 he became the Hospital's cashier in the first year of peace.



It was shortly after that one of the Governors, Mr. A. B. Askew, gave Thatchings, his house by the beach at Aldwick Bay, near Bognor Regis, to Guy's as a staff rest home, and Rick Loomes became a frequent visitor there during the succeeding years on golfing weekends at the Royal Norfolk Hotel, as well as convalescing there after being operated on by Russell Brock.

With the passage of years he took on additional responsibilities including the accounts and a considerable part of the work of the Hospital's Endowment Fund. With the re-organization of the Health Service in 1974, responsibility for the Endowment Fund passed from the Board of Governors to the Special Trustees and he became a senior member of their staff. He had already had a number of out of the ordinary duties, one being to pay regular visits to an old lady in Potters Bar whose property, it was hoped, would one day pass to the Hospital. He also ran Thatchings, the rest home which he had frequented in his earlier days, and saw its ultimate closure as visits to Bognor became too expensive for both nurses and medical students.

He was closely involved in making arrangements for the visit to, and accommodation of, Johns Hopkins' Consultants at Guy's, and several years ago had a memorable stay at Johns Hopkins, Baltimore, where he and his family were royally entertained by those Consultants he had looked after so well when they were over here.

He was for some years Honorary Treasurer of the United Hospitals Boxing Club and with Ernest Warburton helped to get the financial affairs of the *Gazette* on to a sound footing, remaining responsible for its accounts for a considerable time.

To many members of the medical staff he was the immediate link between them and the Special Trustees, who hold and disburse the funds which they are able to secure for clinical research and similar purposes. To the nursing staff he was the landlord of the Kipling Street flats, not least among his management problems being the Borough cats which took over the garden of the flats for their own personal affairs.

He had great courage in overcoming periods of ill health and a consistent cheerfulness which, allied to his experience and vast knowledge of Guy's, made him a most valued member of the Hospital's staff. 45 years at Guy's is no mean achievement, and his retirement party last month was attended by a wide range of people with whom he had been associated during this time. Lord Marsh, the Chairman of the Special Trustees, paid tribute to the contribution he had made to Guy's, and when Rick Loomes and Audrey, his wife, find the home they want in the West Country they will go with the very good wishes of his many colleagues and friends here.

A.H.B.



Surgeon Captain (D) David A. Coppock

Surgeon Captain (D) D. A. Coppock Msc BDS Royal Navy, has been appointed Director Royal Naval Dental Services as from 2nd July, 1985. A restructuring of the Defence Medical Services has resulted in changes to both status and responsibility, thus he will serve in the rank of Surgeon Commodore (D) and also fulfil the duties of Deputy Director Defence Dental Services (Organisation).

David Coppock was born in Wiltshire and was educated at Bishop Wordsworth School, Salisbury before studying dentistry at Guy's. Here, he was a gifted student, but he will no doubt be remembered by his contemporaries for his extrovert sense of humour, as well as being the mainstay of the Guy's water polo team.

Almost immediately after qualification in 1955 he entered the Royal Navy and soon found himself at Shotley practising dentistry upon the new entry boy seamen of HMS Ganges. His enthusiasm for amateur dramatics was already starting to show during these early days of his naval career.

In 1956, he was appointed to the aircraft carrier HMS Eagle where his boisterous good nature and skill as a raconteur adapted well to the sea going life. This mutually advantageous situation was to persuade both him

and the Royal Navy that a more lasting relationship should follow and he transferred to the Permanent List in 1957.

The end of the fifties brought his first overseas shore appointment in Hong Kong. Here, his professional skills were also applied outside the Service in supporting the St. John Ambulance Organisation with the so-called 'Penetration Squads' where doctors, dentists and nurses gave up their spare time at weekends to treat villagers in the remote areas of the Colony.

On return to UK, there followed further sea service in HMS Hermes and various Portsmouth Area establishments before his promotion while serving in Gibraltar to Surgeon Commander (D) in 1966. He had now developed into a talented producer of plays as well as being a very capable actor. Very few drama festivals and pantomimes were to escape his attention. On the sporting front, David had become a Command standard tennis player and a passable golfer.

In 1972 he became the first post war exchange dental officer to serve with the United States Navy Dental Corps. He studied at the Naval Graduate Dental School, Bethesda for his Master's Degree in Oral Biology which was awarded in 1974. In the three years he served with the USN, he created an extraordinary spirit of professional collaboration and friendship forging links which still exist today.

Back in England once more, he briefly served at the Naval Dental Clinic, London and the Royal Naval College Greenwich before his appointment as Officer-in-Charge of the RN Dental Training School.

On promotion to Surgeon Captain (D) in 1978 he commenced a series of senior administrative posts in the Branch – Director of Dental Training and Research: Deputy Director Naval Dental Services and Command Dental Surgeon to the Commander in Chief Naval Home Command which were to prepare him for his future role as Director.

At a time when the Defence Dental Services are entering a period of considerable change, David Coppock's sound judgment and administrative ability, mixed with his extrovert enthusiasm, determination and necessary grit, will provide the leadership required to chart a course through difficult waters.

T. J. C. H.

Clubs' Union News

I am very pleased to pass on a piece of wonderful news:– the mammoth effort made during Charities Week (*Guy's Disguys It*) produced about £11,000, all of which is to be donated to the Children's Renal Unit at Guy's. I would like to extend a special thanks to Gerry Skales and Charlotte Tennant, and their hard working band of volunteers. A large proportion of this money was collected on the streets of London and we are indebted to the generosity of the public and businesses who supported us. This year

we did not produce a Rag Mag, which disappointed students and staff. I hope that next year a Rag Mag will be published, perhaps a more magazine-like approach with articles and features is now called for. However, the handout outlining the appeal and containing messages from well known personalities was very successful and should be continued. All in all it was an enjoyable and rewarding week.

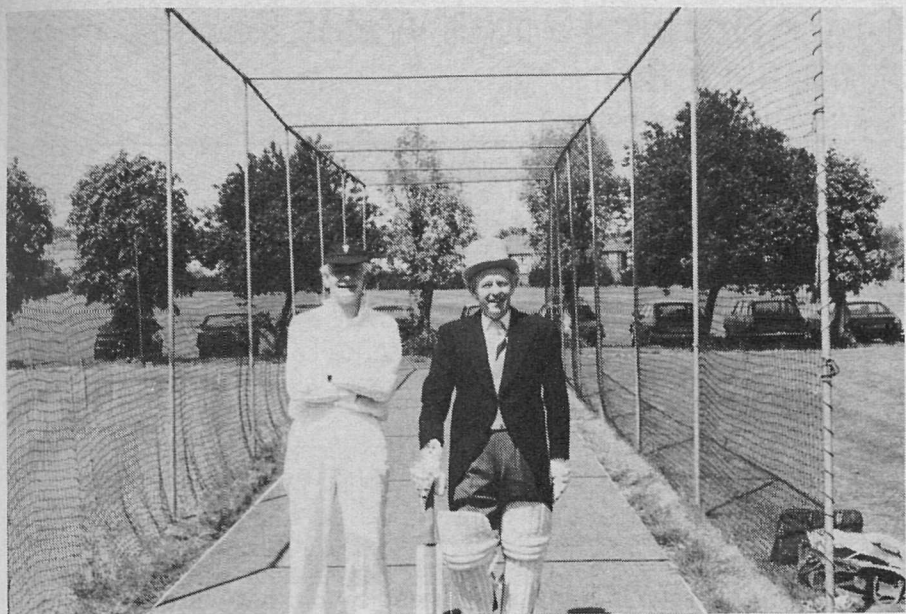
The Summer Festival held on June 1st was also a great success. The annual sports day enjoyed the best weather of the year to date and encouraged a tremendous turnout from staff and students alike. Attractions included croquet, mini golf, volleyball, tug of war, sprinting and children's games. The new cricket nets had their ceremonial opening during the day and were thereafter very well used. Throughout the day raffle tickets were sold and it took over an hour to give away all the prizes. Many thanks to everyone who donated prizes for the raffle and various competitions. I would like to thank all those who attended and those who helped, especially Eric and Joyce Dann. The day made a profit from which a donation will be made to a local charity, Charterhouse in Southwark, who run a youth project.

Elaine Parsons
Clubs' Union President

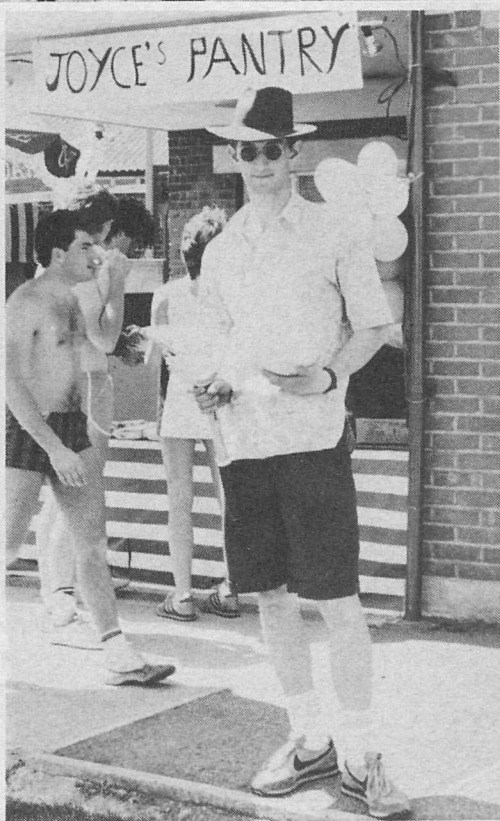
Summer Festival 1985

The Summer Festival was held on Saturday, June 1st. Once more the weather was superb, we were treated to a day of glorious sunshine. It began at 9.30am sharp, with the marathon runners leaving Guy's Tower for Honor Oak Park. Unfortunately a few marshals were missing, and thus a number of marathon runners got lost on the way there. Gerald Glancy came in first with what would have been a record time of less than thirty minutes had the stopwatch not failed in Dr. Hutchinson's car. Dr. Knight who also entered the marathon, opened the cricket nets in full morning dress. The Five-a-Side football, popular as ever, continued all day and was eventually won by the Pheasant Pluckers, who slaughtered St. Thomas's, as expected! The tennis culminated in victory for Anne Scoones and Rod Jennings, who survived admirably longer than anyone else in the sun's glaring rays. Mike Seare's "Fat's Team" somehow pulled through in the Tug of War and in celebration he did a strip in front of Plasma's strobe light later in the evening.

The day ended with Brian White's "*Magna Jazz Band*" at 5.30pm closely followed by an everlasting raffle, Phil "Smooth Talker" Brown announcing the numbers. Plasma Road Show continued entertaining late into the night. Everyone seems to have enjoyed themselves and thanks must go to all who helped and especially to Joyce and Eric Dann for all their preparations. In all over £600 was made from which a considerable amount will go to the charity Charter House Ark. Finally special thanks must go to all our sponsors: Rand Services; Marks and Spencer; Ryman; Sock Shop; M.P.S.: M.D.U.: M.S.S.: Loose Vine; Arthur McClelland Moore; Skeleton Books; Kimpton's; Whitbread; The George Inn; Mudlark and Prontoprint. All that remains now are a few photographs. . . .



SUMMER FESTIVAL 1985



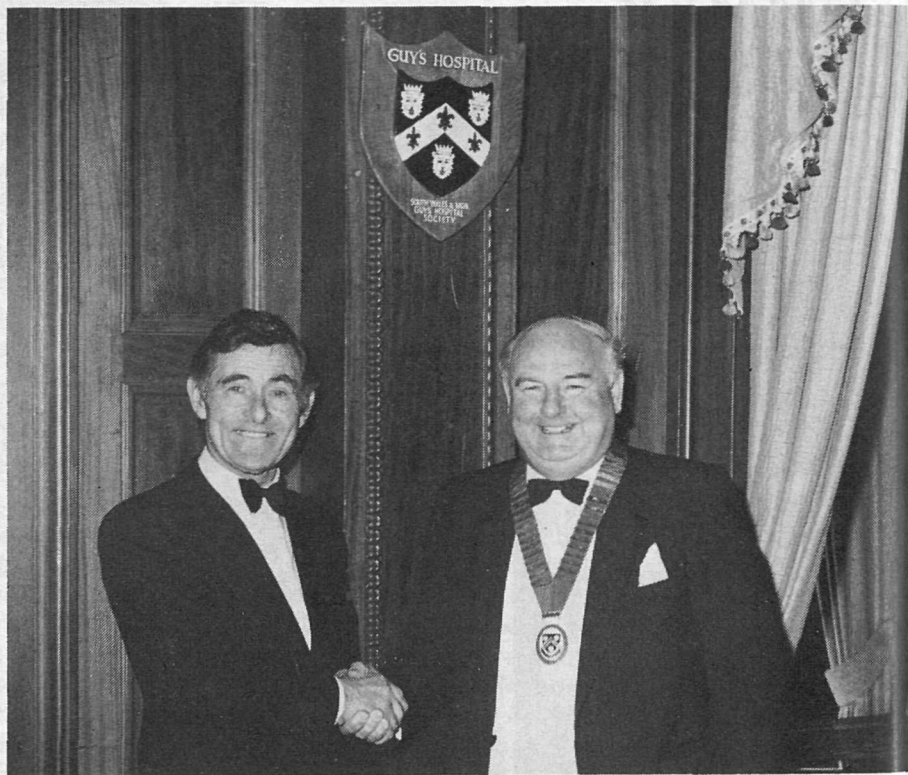
Guy's Hospital South Wales Society Annual Dinner

by our Welsh Correspondent

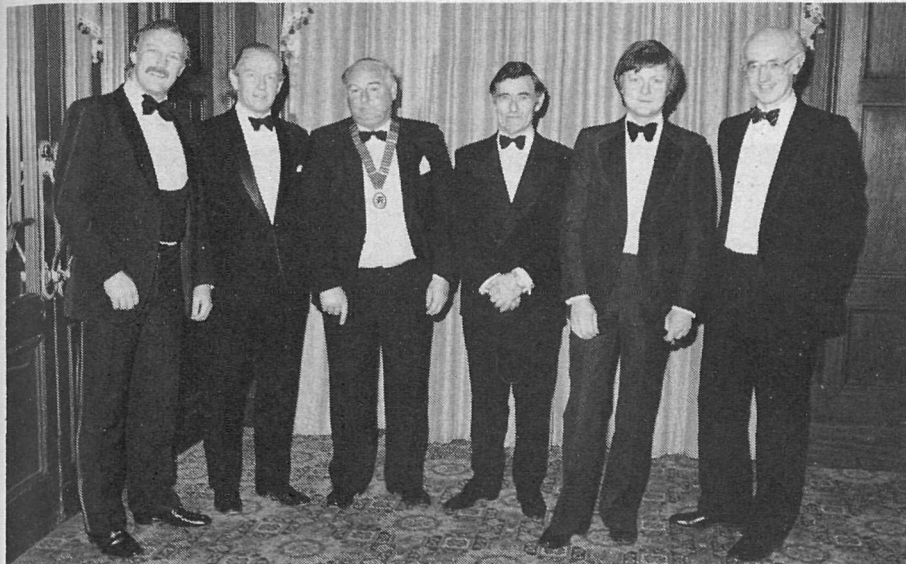
The thirty-fourth annual dinner of the infamous South Wales and Monmouthshire Society took place on 18th March, 1985, at the Park Hotel, Cardiff. As usual it was an extremely enjoyable evening of improbable stories of Grimsdykesque proportions and unashamed nostalgia about the good old days interspersed by an excellent meal and plentiful imbibation.

As is the custom, two distinguished guests from Guy's were invited to speak to the members. Both Professor Maurice Lessof and Dr. Bob Knight were highly entertaining and were received with great enthusiasm. A departure from previous years was the presence of *The Dare Singers* who came from Aberdare as guests of Mr. Eric Sturdy. Their powerful singing and delightful harmonies caused many a moist eye around the Whitehall Suite.

Among all the members present it was a particularly pleasant surprise to see David Nicholson who had come over expressly all the way from Little Rock, Arkansas. It is this sort of dedication that makes the Society what it is.



"Jock" Stares (retiring President) installing Eric Sturdy as the new President



Left to right: C. E. C. Lewis, R. K. Knight, Eric Sturdy, "Jock" Stares, R. N. B. Lewis, M. H. Lessof

The Himalayas – The Hard Way

Or: How to be medical advisor to a group of seventeen-year-old schoolgirls trekking in Nepal

by L. N. Denmark, M.B., B.S.

Why should an overworked Hong Kong pathologist sacrifice a fortnight of annual leave to accompany a group of ex-patriot sixth formers on a trip to Nepal? My motives were partly honorable, "a spirit of adventure", "a challenge", but to tell the truth my rugby club's tour to Hawaii and California had folded, so it seemed a golden opportunity not to be missed – and so cheap!

Having received plenty of meticulous advice from others who had previously accompanied such missions, and luckily been allowed to help myself from the pharmacy of one of the local private practices, it was with great confidence that I arrived at Kai Tak airport, at 5.30am, to meet my charges. All were apparently fit, immunised against everything but AIDS, and each carried a First Aid kit full of plasters, tape, elastic supports, paracetamol and perhaps most importantly of all, for Nepal, Lomotil. We boarded one of the pair of Royal Nepalese airline 727's and flew *via* Dacca to Katmandhu. Here my beam of self-confidence disappeared in an instant. I was informed by the British trekking organiser (thin, khaki shorts, just been released from Shanghai?) that there was a meningitis epidemic, and would I like to inspect the vaccination facilities prior to having our party immunised? At a bus shelter outside the hospital, I observed the vaccination procedure – a W.H.O. pneumoject, which fires an inoculation on a cushion of air. The students became rather anxious at the sight of a

steady stream of shrouded bodies leaving the hospital and the large flock of vultures circling overhead. I assured them that the injection was safe, keeping my doubts about delay in effect and transmission of hepatitis B to myself. I also ascertained that the vultures seemed to circle over a leather works just outside town!



"The Danish Indiana Jones?"

We trekked for thirteen days with an organisation called the Sherpa Cooperative. This was superbly organised. They all spoke charming broken English, and proved to be excellent cooks. The way they managed to prepare some of the best roast potatoes I have ever tasted still remains a great mystery to me. All cooking was done over open fires, and the proof of their skills lay in the fact that nobody had any intestinal upsets whilst in Nepal. Some of them carried up to 80lbs of equipment, in a basket with a band round their heads, and walked the rugged terrain in bare feet. I gather some of this was learnt in the Gurkha Regiment.

Our trek was not over one of the usual, so-called "Andrex" trails. We started from Ghurka and did not see another white man for twelve days. Due to landslides the four hour coach trip in blazing heat (30 degrees Centigrade) took a gruelling eight hours. We then faced a stiff climb up 1,000 feet of stone steps to an old temple and our first camp site. As we arrived we encountered a big local festival, and observed them beheading goats at the temple and then dragging their headless corpses down the steps. I tried to rally the by now green-looking girls by joking that when they ran out of goats they'd be after white virgins.

We trekked on, up to 12,500 feet, over the next few days, passing through several isolated villages on the way. One of the villages challenged us to a game of volleyball, and unfortunately thrashed the students, despite my refereeing! The scenery was mostly terraced hillsides, sown for wheat and maize, with some early flooding of the rice paddies. It was the end of the hot dry season. As yet the doctor had been called upon to remove a splinter, and handout Piriton and Buscopan, for a presumed allergic rash and some premenstrual discomfort. His favourite job was the Calamine Clinic. All Calamine had to be applied by the doctor himself!

On April 1st, I arose to find the legs of my shorts had been stitched up and April Fool embroidered on the back. At 12,500 feet we were still below the snowline, but we managed to find some snow out of the sun. The views of Annapurna and Hinal Chuli were magnificent. Fortunately no one suffered from altitude sickness. One evening I gave an impromptu anatomy demonstration, using a freshly slaughtered buffalo. One of the students had complained about the lack of steak in our diet. The meat was tough, but quite good curried. We returned to Cthorha a different way, swimming in fresh mountain streams *en route*.

At the end of the trek we all donated our unwanted boots, t-shirts etc. to the sherpas and porters who were visibly delighted. We had calculated that they were paid, on average about £1 per day. On returning to Kathmandu we had a few days to enjoy the bizarre primitive city with its strange temples and Stupas, often a mixture of Buddhist and Hindu. Perhaps even more surprising was the large collection of authentic late '60's hippies still present. The students celebrated their safe return to civilisation by buying baggy striped cotton pants in Freak Street. Most had a few too many to drink and some I'm sure smoked a few things to which they weren't accustomed. No one troubled the doctor. He had found some "Yeti relics" – femurs and skulls covered in silver plate, and was busy proving their human origin to an audience of students, and salesmen who then demonstrated that they also sold very large, sharp Kukri knives.

The post script however is not quite so healthy. I, amongst others, dropped my guard when back in Kathmandu, and now have just finished treatment for giardiasis, probably obtained from Nirulas 21 Flavours Icecream (or should it be 21 cultures?). Some of the students have had non-specific fevers and diarrhoea, despite continuing malaria prophylaxis. Nevertheless I'm delighted I went to Nepal, delighted no one went down with acute appendicitis four days from anywhere, and delighted that I took plenty of medicines I didn't have to use.

Nuclear Magnetic Resonance at Guy's

by Professor Michael Maisey

Introduction

During the last 20 years physical techniques which use electromagnetic radiation for physical diagnosis and imaging have increased rapidly in both number and scope. This period has seen the introduction and development of modern nuclear medicine utilising the distribution of radiopharmaceuticals, ultrasound imaging, and Doppler ultrasound for the measurement of blood flow velocities, X-ray computerised tomography, digital vascular radiography, and positron emission tomography. At Guy's we have largely been able to take advantage of these major advances and now have very strong ultrasound units, a modern X-ray CT machine for imaging and an active Nuclear Medicine Department; this is, of course, in addition to routine X-ray service, capable of undertaking the whole range of radiographic diagnostic techniques which still forms the basis of the majority of imaging procedures. At the beginning of 1984 the University established, with the financial support of the Philip and Pauline Harris Charitable Trust, an academic Department of Radiological Science. The purpose was to provide an academic focus for teaching, research, and for the evaluation of new techniques. The newest of these techniques is Nuclear Magnetic Resonance which has now passed the immediate experimental period and reached the stage where it needs to be carefully evaluated in a clinical setting and for its many potential, unexplored areas to be fully developed. Mr. Philip Harris, through the Philip and Pauline Harris Charitable Trust has generously donated money to enable this development to take place on the Guy's site and the Special Trustees have agreed to pay for the necessary building with all the shielding.

What is Nuclear Magnetic Resonance?

The technique of Nuclear Magnetic Resonance was first described in 1946 by Bloch and Purcell for which they received the Nobel Prize in 1952. It remained a powerful analytical laboratory tool in chemistry, biochemistry and pharmacology for many years. During the last 10 years it has been applied to biomedical problems and is now developing very rapidly into a diagnostic tool for cross-sectional imaging and functional *in vivo* biochemical measurements. The principles of nuclear magnetic resonance are highly complex and not fully understood. However for the purpose of appreciating the basic principles it can be simplified and is usually explained on the basis of the analogy to a simple bar magnet. See fig. 1. All nuclei spin about their axis and some, the most important of which is the hydrogen nucleus, develop a magnetic moment and consequently behave as if they were tiny bar magnets. In the absence of a magnetic field, these tiny "bar magnets" are randomly orientated, but when the sample, or a human body, is placed in a strong magnetic field, they will align north and south along the lines of the external magnetic field; if an additional magnetic field is then applied, by the use of an external radio frequency, this orientation will be altered. The extent of the change in magnetic

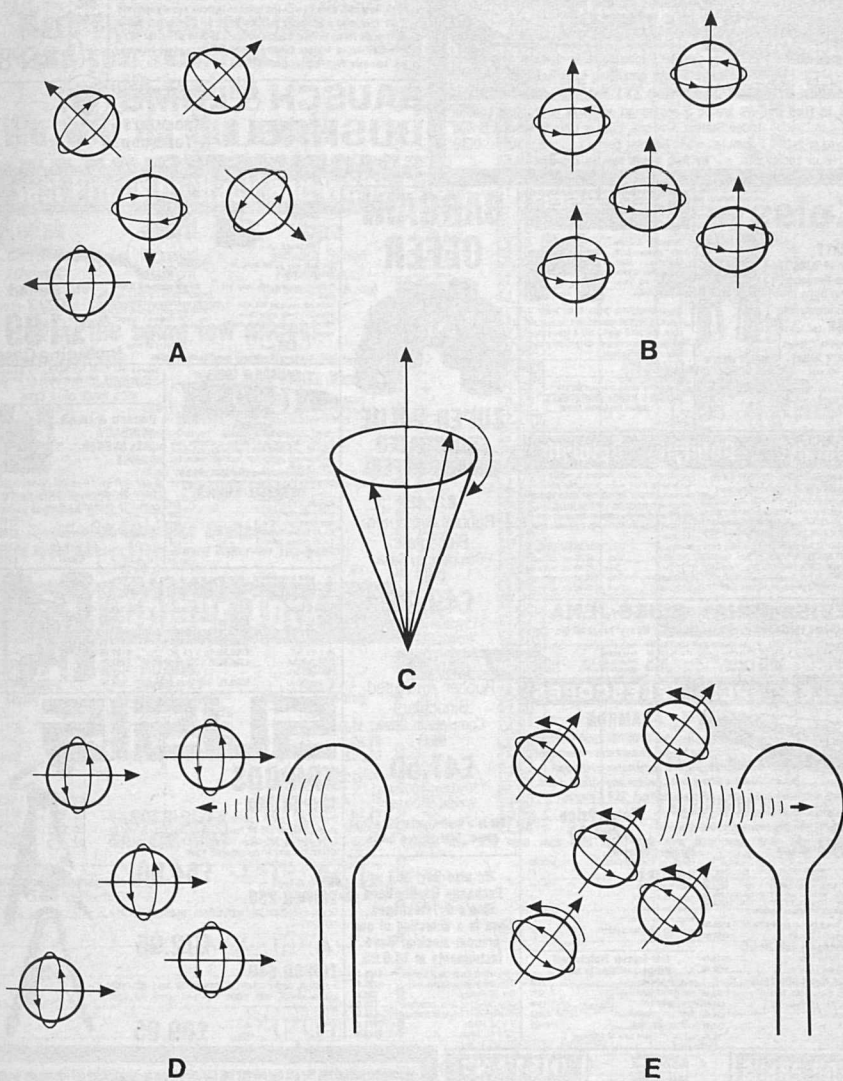


Fig. 1:

- (a) *In the absence of a magnetic field the nuclei are randomly orientated.*
- (b) *Application of an external field causes them to align with the field*
- (c) *In the magnetic field as well as spinning they precess about the long axis*
- (d,e) *when the field is temporarily altered by a local radio frequency the alignment will change. When the radiofrequency transmitted is turned off the nuclei return to baseline alignment and emit the NMR signal*

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moment is dependent on the duration of the radio frequency signal. When this added field is discontinued, they again align themselves to the static magnetic field. During this realignment process, a signal is released as radiowaves which are detected by the same coil that was used for transmitting. This is the NMR signal which can then be translated into an image reflecting the distribution of nuclei in a cross-section through the body or provide information about the chemical state of the nuclei. Thus nuclear magnetic resonance measurements can provide both imaging and functional information without the use of ionising radiation. The nuclear magnetic resonance imaging device (Fig. 2) consists of a very large electromagnet constructed in the form of a cylinder so that the patient can be placed in the centre. To produce magnetic fields of the strength that are necessary the coils have to be cooled to nearly absolute zero (actually -269°C) using liquid helium. Within the bore of the magnet are the radio transmitters and receivers and the remainder consists of a powerful computing facility to analyse the signals and produce images and NMR spectra.

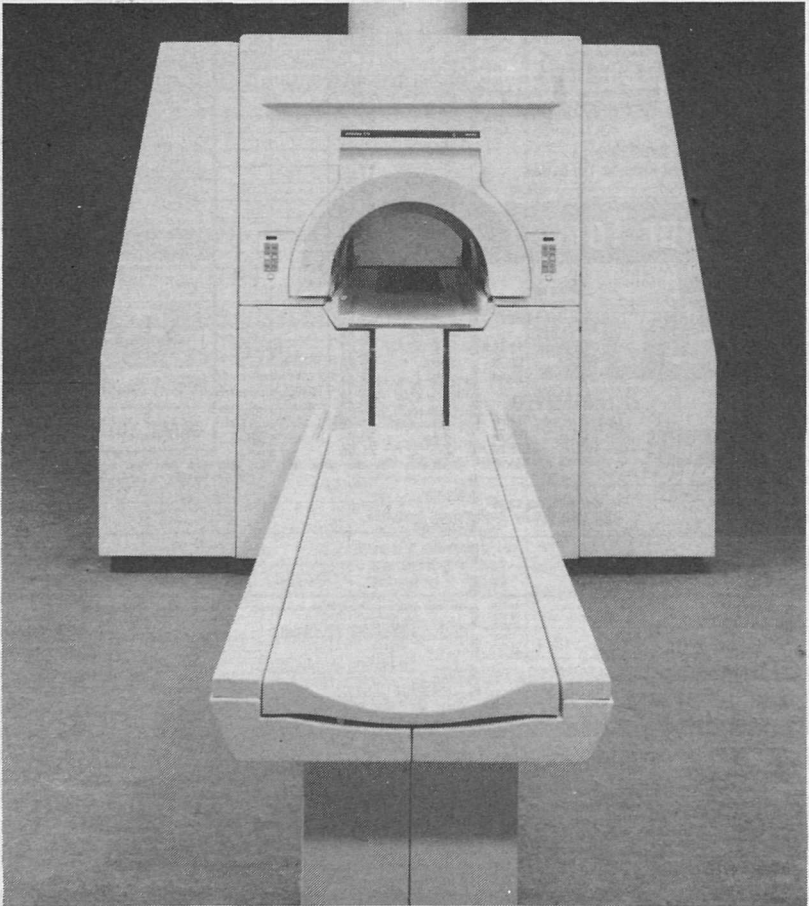


Fig. 2

The magnet assembly for clinical imaging

Evaluation Project

As soon as we knew that it was going to be possible to instal an NMR imager at Guy's a number of questions had to be considered.

The site

The Guy's site is limited in space which has posed a number of difficult problems because there are a number of important constraints relating specifically to NMR.

- (i) There had to be patient facilities unless we were to construct a completely new unit with all facilities which would be unreasonably expensive.
- (ii) It had to be in an area where the intense magnetic field could be sufficiently shielded not to influence other equipment such as oscilloscopes, electron microscopes etc.
- (iii) It had to be in an area where the magnetic field could be sufficiently contained so that the public would not inadvertently cross a field greater than 5 gauss, because at approximately 7.5 gauss there is a potential for affecting pacemakers.
- (iv) It had to be in an area where there would not be large ferromagnetic objects moving, the commonest being cars and trains, and lifts.
- (v) It has to be in an area where there are no powerful high frequency radio waves which might interfere with the NMR signal.
- (vi) It had to be on a basement or ground level because the weight of the magnet plus its shielding is in the region of 40 tons. With these constraints the only possible site is behind the Cunliffe Laboratories with direct access into Nuclear Medicine to provide the support services.

The Equipment

The ability of NMR to produce high resolution morphological images is undoubtedly the most immediate and striking use that this new technology has. There are many areas of clinical medicine where this has proved itself in clinical practice and will continue to do so. On the other hand, *in vivo* monitoring of biochemistry (eg pH, ADP/ATP energy metabolism, lactate production), the potential for imaging sodium distribution, the use of paramagnetic functional tracers and the possibility of measuring blood flow in vessels and tissues are all in their very earliest stages of development with almost no information available about applications in clinical medicine, but with enormous potential. We decided therefore to aim for equipment which would permit full exploitation of these aspects whilst retaining the ability to do high quality imaging procedures. This meant a high field strength magnet (about 2 tesla); a small analytic NMR device for parallel tissue and cellular studies with a data link to the clinical NMR machine; and a company that was prepared to fully support collaborative research with us. When these decisions had been taken one of the strengths of the UMDS - Guy's/St. Thomas' merger became apparent. In the biochemistry department at the St. Thomas' side of UMDS there already exists considerable NMR expertise for tissue metabolic work under the direction of Professor H. Bachelard. By joining forces between Radiological

Sciences and Biochemistry we could develop an NMR centre capable of competing in the first division.

After extensive discussion, many visits to NMR sites (with many miles of travelling) we decided that the Philips Medical Systems 2.0 tesla NMR imager was the ideal whole body device and this would be linked to a Bruker 400T analytical small bore spectrometer *via* a data line. This will provide the UMDS with a unique NMR centre with optimal potential for clinical and basic research into both morphological imaging and functional measurement strengthened by a radiological/clinical/biochemical collaboration between the two schools.

Time Course

Initial building work is anticipated to start in a few weeks' time with the laying down of a large concrete platform sufficient to take the 40 ton weight of the system. The magnet, which is supplied by Oxford Magnet Technology, will be built at Oxford, tested at Oxford and delivered early in January. It will take approximately 2 to 3 months to commission the system which will run initially at a magnetic field strength of 0.5 tesla and then about the middle of 1986 it will be run up to its penultimate working strength of 1.5 tesla and finally to its full working strength of 2 tesla to enable the maximum utilisation of spectroscopy potential to be achieved. During this time we will be collaborating with Philips Medical Systems in agreed research projects, the general areas of which will include the evaluation of its imaging potential in various clinical situations, such as, for example, the renal tract, the heart, the brain and spine; the investigation of functional spectroscopy to study metabolic changes in pathological tissues *in vivo*, for example the drug changes induced by cytotoxic drugs in cancer. The potential for measuring blood-flow *in vivo* will be investigated by Professor Gosling's group who have the ability to do careful correlation studies with Doppler ultrasound measurements and Professor Bachelard and others will pursue their tissue studies with emphasis on brain and cardiac metabolism. Philips Medical Systems will be providing the Medical School with funds to employ full-time scientific support to work on this project as well as an engineer and software and hardware support facilities in the joint collaborative studies. We hope also that this will provide a concrete opportunity to demonstrate the great potential that the joint Medical Schools have, which hopefully will be greater than the sum of the individual parts.

Finally, I would especially like to thank Mr. Philip Harris and the Philip and Pauline Harris Charitable Trust for the immense support that they have given to the Department of Radiological Science in this and other ventures and at the same time supporting Guy's in other areas, and also to the Dean for encouraging support during these initial stages.

Exhibition of the 407 Art Club

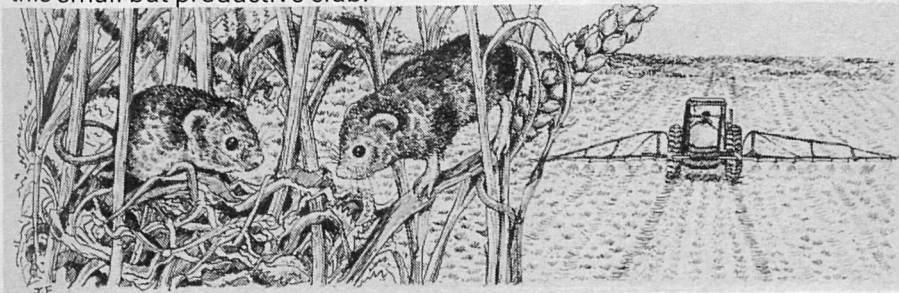
reviewed by Thomas Brink

One of the less well known of Guy's clubs, the 407 Art Club, deserves a more interested following than it appears to have. It provides an excellent opportunity for students and staff alike to exhibit artistic work two or three times a year. Among the students, latent talent is likely to remain hidden due to the nature of the courses and the rather restless atmosphere which pervades during undergraduate life. However, there are some notable exceptions. Among the staff Terry Gibson, more often associated with the Rugby Club, is a regular and versatile contributor.

In late April this year the exhibition, held as usual on the 4th floor of Hunt's House, included work by Joanna Foley, Jennifer Williams, Terry Gibson and Jane Gibson. At the preview to which I was invited, several second year medical students were present – a reflection of vigorous canvassing (always a necessity, sadly) by Joanna Foley amongst her contemporaries. Cultural enthusiasts were treated to a glass or two of wine and some tasty crisps.

There were fourteen watercolours by Terry Gibson, half of them of familiar views within the hospital and the remainder a collection of rural and highland studies which I preferred, being perhaps more suited to Dr. Gibson's style. The one entitled "Highland Scene" appealed very much to my hill-walking instincts with an absolutely marvellous sky. Of Joanna Foley's pen drawings the two tawny owls are superb and her excursion into mythology caused a stir, with discussion about the black sails of Theseus's ship and the fearsome Minotaur in the foreground very much alive. Photographers should note that the 407 Club also caters for their art. Two black and white prints by Jennifer Williams, "Cambridge Circus" and "Station Porter" were just great! Jane Gibson again had a large selection of pottery on display. All items were for sale and two delightful small vases featuring an aesthetically simple "scraffito" design were quickly snapped up by the watchful Prof. Adinolfi. Talking with Mrs. Gibson I was pleased to discover that she also accepts commissions to the specifications required by her clients. I look forward to eating pasta from the plate which she kindly offered to make for me.

I thoroughly enjoyed this exhibition and would recommend that any aspiring artists and art enthusiasts should participate in the activities of this small but productive club.



Joanna Foley's pen drawing of harvest fieldmice

The Macdonald Cup

by A. D. Robinson

This competition for Dental Staff and Students was held on Friday 17th May at the Royal Cinque Ports Golf Course at Deal. There were seventeen competitors of whom six were students. We were sorry that David Macdonald himself was not able to be present, but delighted to see Deirdre Poole, the first woman golfer to take part in this stapleford competition. R. Nairn was the only representative of the Leicester Square campus.

Contrary to the usual rules of strokeplay golf, practising on the course in the morning was allowed and there were enough early comers to make up three foursomes and one singles match. M. P. Escudier and D. V. Flanagan beat J. E. Cardwell and R. A. Harper; A. H. R. Rowe and A. D. Robinson beat M. J. T. Reevey and G. C. Meharg; S. Singh and R. V. Leeburn beat N. P. Calver and M. D. Osborne, and J. D. Haworth beat P. A. Baldwin. The course was tough, most players had some problems with the rough, some hardly found the fairways at all, which cost them much in lost balls. A comment to the Club Secretary at the bar before lunch to the effect that the rough was somewhat cruel received the reply "Yes and it hasn't really started growing yet".

The day remained fine and turned warm after a cool start. The wind was in the N. E. which makes for problems with most of the outward holes, but shortens the long homeward stretch. Russell Leeburn did well to score 34 points in the afternoon to win the cup. Professor Rowe came second with 29 and Neale Calver third with 28. Calver was especially unlucky in that his quite excellent second short on the 370 yard 6th hole overshot the green by only a few yards and completely and inexplicably disappeared, but no doubt other players suffered similarly.



John Cardwell, Peter Baldwin, Mark Osborne, Neale Calver on the first tee at Deal.

In the evening we gathered in the Hare and Hounds at Northbourne, a village several miles inland, reached by a tangle of narrow country roads; the players were led there in a convoy of cars by Bloggy Haworth who knows the district well. We had an excellent meal and a brief, but dignified prizegiving by Mrs. Jill Haworth; she and Mrs. Pat Rowe had joined us to add glamour to the occasion.

Footnote

While discussing the day with one of the members at my own Club he told the story of two players in a foursome at Deal, one of whom had just bought a new set of irons. His partner had hit the ball on to the pebble beach, which is not out of bounds. "Can I move it?" he asked. "No", was the reply. "You play it as it lies". So, the player took his stance then swung, missing the ball by a foot or so. "Now", he said, "it's your turn."

Dental Notes

by Mr. A. D. Robinson and Dr. S. J. Challacombe

Readers will have been saddened by the recent death of Cyril Hagger. The funeral took place on 2nd May in the Dulwich College Chapel which had been his place of worship for many years. A great many of his friends were present, including a large number from Guy's. Those who were or were not able to attend were invited to honour his memory by contributions to The Friends of Guy's Hospital – the Fund is to be used for the benefit of the Dental School, though the exact purpose has yet to be defined. The Secretary wishes it to be known that a substantial sum has already been received and the account is still open. Anyone wishing to contribute should contact The Secretary, Friends of Guy's Hospital, 23B St. Thomas Street, London SE1 9RY.

Dental Notes

At a meeting of the Dental Staff Science Club held recently, Clive Wilson spoke on "Iatrogenic Variation in periapical pressure during endodontic therapy". An *in vitro* method has been produced by which various endodontic techniques can be assessed not only for their efficacy, but also for the amount of periapical pressure produced. The assumption is that the production of periapical pressure would be more likely to force pulp debris into the periapical area.

Mark Hector, who recently gained his PhD, revealed the interesting relationship between stimulation of the periodontal receptors by chewing and the rate of parotid secretion. Thus chewing on one side of the mouth gives rise to secretion of the parotid on that side only and switching the side of chewing changes the dominant gland to that side. The flow rate seems to be directly proportional to the degree of stress as measured by the force of contraction. These findings, may have important clinical implications. If applicable fully to man, as preliminary experiments suggest, this could explain amongst other things, the observation of marked differences in caries seen in some patients in the two sides of the mouth.

(Congratulations to Mark Hector for the successful conclusion of his PhD entitled – “The Masticatory salivary reflex – a study in Man and in the rabbit”)

Paddling to Guy's

Those of us who come to the Hospital by train to London Bridge will mostly approach by way of the footbridge thereby missing the gloom, dirt and graffiti of the old staircase to Joiner Street. If, however, there has recently been a substantial rainstorm we have to paddle through about 15ft of two inch deep water on the approach to the aforesaid footbridge. There appear to be three possible reasons for this, the vast accumulation of waste paper and other rubbish which probably blocks the drain; the drain is possibly in the wrong place anyway; and when the bridge was repaired several years ago, they never finished the job – it was left with a rough concrete surface and no tar chips. One supposes that if the Borough Councillors or Engineers come to Guy's they come by car or they come on dry days; also, one fears, they don't read the *Gazette*.

Hemisection and Root Amputation

I have recently seen several cases of molars which have had root amputation or hemisection operations carried out and have later come to grief due to breakdown of the remaining crown. The operation is a clever piece of minor surgery which may be advocated in situations where one root of a molar has special periodontic or endodontic problems. Unfortunately, if the portion of tooth which remains eventually comes to grief, one is left with a puzzle which may be difficult to explain to the patient. One might make a post crown to replace half a tooth, one might make a cantilevered post crown to fill the whole gap, one might make a bridge to replace half a tooth or one might extract the remaining root and make a bridge employing a sound tooth on either side for support. Often, the last option is the most desirable. I suggest that the following criteria should be considered before proposing this operation.

1. Will the remaining one root support a functional tooth in its own right for a long enough time to make it worthwhile?
2. Is it the most distal tooth unit in the arch and is it all that is left to support a bridge or denture?

If neither of these applies, it is usually better to remove the whole tooth in the first place and make a bridge.

The Business of Dental Practice

some notes from the BDTA

Clinical dentistry is taught in dental school, but many dentists emerge into general practice with no knowledge of business planning, practice management, and finance. When running a practice they are in a similar position to any small businessman and should have some of the same knowledge.

An Accountant

Find a good one and sit with him to plan the financial needs of the practice. The Accountant should be much more than an auditor of your books. He should be capable (and willing) to provide sensible ideas. He can advise you on the appropriate accountancy system you should adopt to record receipts and expenditure. A proper businesslike system for recording invoices, paying them, and handling such matters as salaries, PAYE, rates and purchases should exist from the day the practice is started.

A simple day book is in many cases all that is necessary. There is one produced that is specially designed for the dental practice.

The Bank Manager

Find a bank that is reasonably close to you, and with a sympathetic manager with whom you relate well. Realise, however, that bank managers change periodically and you are unlikely to have the same one for long.

Do not visit your bank until you have prepared a proper business plan. This should show expenditure, receipts and personal drawings for a twelve-month period.

As with the starting of any business, the expenses start before day one, but the income does not start coming in until well into the second month of operation. Your bank manager will expect to be asked for overdraft facilities to tide you over the initial period.

Insurance and Pension

A good insurance broker should be consulted to ascertain your needs, and one of the excellent medical insurance societies to cover periods of sickness and the risk of injuring a patient.

Supplies

A good dental supplier is needed, with an experienced, conscientious and reliable representative – who may become the practice Supplies Consultant. His responsibility is to provide guidance on your buying procedures and to ensure that you purchase in appropriate quantities to obtain lowest prices – without tying up unnecessary capital.

The Practice Plan

Important as is the financial aspect, even more critical is your clarity of decision on the type of practice to be built, the type of dentistry you intend to undertake and the type of patient you desire.

With a good practice philosophy, the appropriate environment, a well selected, motivated and trained team to work with you, and a high level of patient care, the practice will grow.

The Periodic Review

The maintenance of development depends upon periodic assessment of you, your dentistry, and the practice. Your whole team should be involved.

As with the development of any business, conditions change. Certainly dentistry has changed substantially during the past thirty years, and will continue to do so during the final years of this century. Subjects for consideration at periodic reviews will include post-graduate courses, the study of new techniques and materials, agreements with partners and associates, and contracts of employment with staff. Not even the resiting of your practice should be beyond consideration. Population movement and changes in public transport all have an influence on where your practice should be sited for the future.

Whilst the purpose of these comments is to encourage an awareness of financial considerations, we recognise that these always come after patient care, dental skills and practice image. Regular discussions with an experienced dental representative will ensure that the practice image is subjected to informed assessment and comment. For the dental trade to prosper it must serve a prosperous profession. If you support a supplier whose business procedures have earned your respect, it is certain that you will benefit by seeking his business advice to supplement your own professional skills. There can be no better basis for co-operation than a mutual interest in the progress of dentistry to serve the public need.

The Art of Coarse Theatre Assisting: Æsop Æsthete Dons His Greens

Much has been written about the *perfect* theatre assistant – unobtrusive, anticipating, untiring, supportive – but until now there has been no *vade mecum* for the novice; however, all this is to change when Æsop's latest volume, *The Art of Coarse Theatre Assisting*, hits the bookstalls. By special arrangement with the Author, the *Gazette* is able to bring our readers extracts from this exciting new book.

Introduction:

This book recognises that a) not all medical students and housemen are embryo surgeons, and b) there are better ways to spend hot afternoons than doggedly tugging on a liver retractor. Unfortunately, it is not always tactful to refuse to go to theatre. It *is* possible, however, not to be invited, and this book gives hints on how to make oneself such a liability in theatre that no surgeon with any sense of compassion for his patients would allow you to wash his car, let alone have you assisting at a tricky op. For this book, I have drawn on my own experiences in theatre, and I am grateful to the many students and housemen, without whose ineptitude this book would not have been possible.

General Hints:

Most surgeons feel they operate best when relaxed, so the Coarse Assistant must do his utmost to undermine any confidence and calmness

on the surgeon's part. The best way to do this is by letting off an artery clamp unexpectedly. The resulting panic as the abdomen wells-up with blood will unnerve the coolest surgeon, particularly at a minor operation with a normally low peri-operative mortality.

Another way of destroying the traditional bond of mutual trust between surgeon and assistant is to allow oneself to lose concentration (flirting ocularly with a student nurse is a good ruse) until asked for the third time to "cut" by the surgeon. Grab the nearest pair of scissors and chop through the wrong strand, or ideally, through the middle of the knot itself. Although this requires considerable dexterity, the manoeuvre must appear to be casual and accidental. After doing this three or four times in a row, the surgeon may become suspicious, so try something different. The damage is done. The surgeon is frustrated and agitated and will think you an idiot, but will probably say nothing, particularly if you seem to be doing your best.

A variation on the "wrong-cut" theme is the greatest piece of Coarse Assisting I have come across, and one which few of us will ever equal. We can only marvel in stunned disbelief. It so happened that during a deep neck dissection, the surgeon accidentally transected the accessory nerve. He then spent nearly half an hour finding the ends and performing a microanastomosis of the two segments. At the end of the procedure, he asked the houseman to cut the minute nylon suture. With an impressive wave of her hand, she swished across the green towels with the flashing scissors – and chopped through the beautifully repaired nerve. The surgeon gazed in disbelief, she feigned embarrassment, and as far as I know, she has never been asked to assist again. It is that quick thinking and instinctive grasping of an opportunity that distinguishes the truly great Coarse Assistant.

Advanced Assistants Only:

If one has assisted uneventfully before, and therefore there is a chance of the surgeon's being suspicious if one louses something up, there are other options still available to the committed Coarse Assistant. These come under the title of "irritating chatter". There are three main categories:

- i) "Sorry to be a bore, sir . . ." This is used ideally when closing up. "Sorry to be a bore, sir, but did you tie off that bleeding point/cut off that needle/leave in an abdominal pack?" Don't be put off by the scrub nurse's saying "Swabs and instruments correct" – stick to your guns and make him undo his mass closure. At the end don't apologise, but say something along the lines of "Well, better to be safe than sorry, eh sir?!" in as hearty a manner as possible.
- ii) Telling jokes. If the surgeon does not enjoy risqué jokes, then this ploy can still be used by telling the joke to the anaesthetist: the surgeon will not be able to avoid listening in. Invent a highly unlikely, crude joke, Spin it out over five minutes or so – then forget the punchline. Try this a few times and you can infuriate a surgeon very effectively.

iii) "Why don't you do it Mr. X's way, sir?" Few surgeons can derive pleasure from being unfavourably compared with their colleagues and therefore rivals. This sort of statement is particularly useful if you can inflect it to suggest that you are amazed at his performing the operation in this novel manner, and can't help thinking it would be better another way. Don't say as much, do it by inflection.

Summary:

You should aim in all things to unnerve the surgeon so that he can never be sure what you are going to do next. Reduce him to a pleading, jibbering wreck, and in no time you will have afternoons and mornings free to enjoy yourself.

Aesop Aesthete

Physiotherapy

As well as being recognised for the training of students, the School has almost from its beginnings in 1913 taken on student-teachers who have followed the various courses operating at the time which lead to the professional teaching qualification. Many of these have gone on to become Principals of Schools elsewhere in this country and abroad, and others have become teachers and examiners contributing notably to the profession's well-being.

Until comparatively recently, we tried to pair a prospective NHS teacher with one from overseas, and in the 70's and 80's have returned Guy's-trained physiotherapy teachers to Canada, South Africa (to both black and white Schools), New Zealand, Zambia, Uganda and Sri Lanka. The list of those who have qualified in the last ten years shows fifteen still employed in teaching, three back in clinical practice as District or Superintendent physiotherapists, with only one, as far as we know, not actively engaged in the profession.

Last year, we decided that we could afford to include only one student-teacher on our limited budget, and we plan to do the same for the course commencing in September of this year. We are now seriously doubting our ability even to do this in the future, and it looks as though – if we are to get anywhere near the staff : student ratio insisted upon by the professional and statutory bodies – we will have to use what resources we have to employ teachers already qualified from elsewhere. As it is, we are being required to reduce our annual student intake, matching students to staff rather than vice versa, thus having to disregard the continuing demands made by prospective candidates at the one end, and by unfilled vacancies for qualified staff at the other.

Unfortunately, while the London Schools have traditionally trained physiotherapists and teachers from all over the country, with the expectation that they would spread out again far and wide, provincial Schools have tended to train regionally. As far as teachers are concerned, these Schools have tended to accept a student-teacher only when they

foresaw a vacancy on their own staff eighteen months hence. Since all the London Schools are experiencing similar RAWP – induced restrictions, they are now adopting a similar policy. This means that there are not likely to be many spare teachers about in the near future, so that if we do not train our own, we may experience a progressive weakening of our own teaching strength.

Not exactly Catch-22, perhaps, but an additional difficulty in these problem-ridden days. If we do have to suspend this very valuable aspect of our activities, it is very much to be hoped that it will be for a limited period only. Ours has been a major contribution to physiotherapy education. It would be sad to believe that it is coming to an end.

Ronald Cooper

Nursing

During the second week of April this year, the Royal College of Nursing report, "The Education of Nurses: A New Dispensation", was published.

The Commission chaired by Dr. Harry Judge, director of Oxford University's department of educational studies, recommends changes that could transform nurse training and alter the nature and composition of the profession. It could mean a wholesale shift of basic nurse education from the N.H.S. to the higher education sector and the introduction of full student status.

The report calls for a three-year training for nurses and midwives leading to a diploma in nursing studies, which would include a foundation course in its first year with opportunities to develop specialities later.

The background to the proposals outlines an uncomfortable but familiar picture. The present system is wasteful – at present in England only 80–85% of initial students go on to become first-level nurses having completed three years of training. With a falling number of school leavers, this unpleasantly high drop-out rate cannot be sustained without some manpower imbalance occurring in the very near future.

In 1984, fourteen "statements of key issues" were formulated by the commission in an effort to encompass the major issues concerning the present state of nursing. The purpose of the exercise was to generate ideas and gather opinions from a wide variety of organisations in nursing. Feedback from the profession provided the commission with the opportunity of proceeding from a more informed base.

The Report considers nursing education as it is, as it might be and offers proposals for future change. Manpower and cost implications have not been ignored, though they need further study and clarification.

This Commission on Nursing Education needs to be read by all members of our profession and thoroughly debated. The implications could have far reaching effects on the attitudes and behaviour of all nurses.

Neil Thistleton

Book Reviews

"A Colour Atlas of Human Anatomy" by R. M. H. McMinn and R. T. Hutchings. 1st Edn. Pp. 351. £14.95. Cover Soft. Published by Wolfe.

This is the soft cover edition of the original atlas which has been available since 1977. Both the text and photograph sizes have been reduced to about half size. This has the advantage of making it cheaper and easier to carry around. However there is no doubt that the quality of the photographs has suffered and in some instances they have become too small to be really useful. The photographs in the original full size version are for the most part excellent. The anatomy is presented in a regional manner starting with the head, neck and neuroanatomy and going through to the lower limb, each section having photographs of bones, X-rays, surface anatomy and prepared dissections. The illustrations are labelled with numbers to identify the structures. For the most part there are no leader lines. The key to the numbers is to the side of the illustration and can be covered up to allow students to test their knowledge.

Students should not be tempted to rely exclusively on an atlas, no matter how good, as there is no substitute for the real thing. The less fortunate, including postgraduate students, who do not have access to a dissecting room will find this book very useful.

Dr. M. C. E. HUTCHINSON,
Senior Lecturer,
Dept. of Anatomy.

Handbook of School Health – 16th Edition by Medical Officers' of Schools Association. Pp 227; Cover S; £10. Published by MTP Press Ltd.

The purpose of the new edition of this handbook, first published over a hundred years ago, is to give a concise overview of the very wide subject of school health. The target is all health professionals and teachers associated with the welfare of

children both at day and at boarding school. I was disappointed to find relatively little information on the problems of adolescence, drug dependence and children with special needs. The chapters on sports injuries, safety in schools and the responsibilities of School Medical Officers were interesting and good. Much of the straight paediatrics would be better found in a standard paediatric textbook. As a reference book for Medical Officers to schools it would be valuable, containing much excellent advice and information with many useful references, addresses of associations and government departments.

Dr. V. A. TODD,
Lecturer,
Dept. of General Practice.

"Understanding Medical Immunology" by Kirkwood and Lewis 1st Edn, Pp 123. Cover: soft. Published by John Wiley

The authors have written a book on immunology which is not to be read by immunologists, but nursing staff and laboratory staff who are expected to study the subject in their training. I decided to put this book to the acid test and gave it to nursing staff to read and make comments. The response was favourable, but nobody said they would look for and buy such a book.

It covers immunology in three sections, basic principles, clinical conditions involving immunological mechanisms, and immunological investigations. Much of the information is portrayed in large diagrams that feature on almost every page of the book, and the text is kept to a minimum. A number of the diagrams are designed to be humorous and this may not appeal to everyone. Also the symbols used to represent the antibody structure of IgG are not consistent and may be a little misleading at times in some of the diagrams. To acquire a basic understanding of immunology this book will act as a suitable introduction to the subject.

Dr. P. S. SHEPHERD
Senior Lecturer
Dept. Pathology

Pearce's Medical and Nursing Dictionary and Encyclopaedia 15th Edition (1983) Faber & Faber. Pp 442; £6.95; Cover: S.

The first Medical and Nursing Dictionary and Encyclopaedia appeared over fifty years ago after Evelyn Pearce produced the original version. The fifteenth edition appears to have been radically revised, taking into account advancing medical technology and nursing expertise. Some of the older entries from earlier editions have been selected for an historical appendix, and could provide an interesting insight into nursing over the last fifty years. Most of the definitions are concise and further reference is made to the select list of organisations and bibliography which points the way to enhancing knowledge for the interested student.

Mr. N. THISTLETON,
Senior Nurse Tutor.

"Drugs Handbook 1984-85" by Paul Turner and Glyn Volans 4th Edition. Pp.: 175 Price: £5.95 Cover: Soft. Published by: Macmillan

Many members of the professions concerned with health care of patients need to know about the therapeutic uses of drugs, without having had the detailed training of prescribing physicians. The Drugs Handbook is primarily for these non-specialists and it fills this role excellently. However the brief and pithy descriptions are so accurate, up-to-date and informative that I think doctors and medical students will use the book as well.

The main bulk of the text consists of an alphabetical list of approved drug names – each one followed by a description of the drug. Often these contain information about drug type, principal uses, toxicity and even modes of action. The minimal data given is of therapeutic use and includes the name of a similar, more commonly used drug.

Another alphabetical section lists trade names giving the corresponding approved or chemical name with a statement of drug type.

It must be difficult to present such a mass of data clearly and in non-technical language. However the authors are experienced medical writers and very distinguished clinical pharmacologists and it is not surprising they succeeded so superbly. I do hope they continue contributing to this Handbook in future years.

R. G. SPECTOR
Professor of Applied Pharmacology

"Dying at Home" by Harriet Copperman. 1st Edition. Pp. 158. Price £3.95. Cover: Soft. Published by Wiley.

This book by the nursing sister of the Symptom Control Team at the Royal Free Hospital who was previously on the staff of St. Joseph's Hospice reflects long and wide experience of nursing care for those dying at home. The importance of a preliminary assessment not only of the physical and psycho-social needs of the patient, but also the needs of close relatives, or others who may be attending during the last illness is emphasized. Stress is also put on the importance of pain and its relief with encouragement to nurses – particularly in the home situation – to ensure that doctors attending such patients, who may have shorter direct contact with their patients, are fully appraised of the need for adequate analgesia. As the author points out pain cannot be measured objectively and complaints of this nature are often dismissed as being exaggerated. Further sections of the book deal with other symptoms associated with dying, bodily functions and general problems. These include not only the better known ones such as pressure sores, but also less common difficulties such as muscle spasm and waterbrash and also those which patients or their relatives may hesitate to mention such as odour and vaginal discharge. There is a frank discussion of spiritual needs as well as the problems of bereavement for both adults and children of the family as well as the special problems associated with children who die from chronic illness. For a book of this size it is well referenced and there is also an additional bibliographic list. This is an excellent introduction to a neglected subject and should be read by all community based nurses as well as those offering care in hospital and Part III accommodation, even if they are not specializing in the care of the dying, since they are almost bound to encounter such a situation sooner or later. As Dame Cicely Saunders says in her foreword "Some of the support described here may seem elementary, but Harriet Copperman need not be ashamed of spelling out the elementary things which can make so much difference to those who are dying and their relatives".

J. A. D. ANDERSON
Professor,
Community Medicine

"The Parents' A to Z" by Penelope Leach, 1st edn; Pp 736; £6.95. Cover: Soft. Published by Penguin.

A random sample of the 100 or so topics covered by Penelope Leach in "The Parents' A to Z" yielded the following items: abdominal pain, bed-wetting, eating, immunisation, meningitis, safety, sleep and working mothers. This gives some idea of the enormous scope of this book. Even more impressive is the informed and balanced manner with which each topic is treated. One expects Penelope Leach (a research psychologist and parent) to be strong on behaviour. It was a pleasant surprise to see how well she dealt with the medical matters which make up about half the book.

Difficult questions such as pertussis immunisation and food allergy are discussed in a clear-headed manner with all the facts set out. Where there is no right answer she leaves the reader to decide. Her detailed accounts of medical problems, including the rationale and limitations of treatments provide us with a model for better communication with parents. Many of her topics would make excellent patient education leaflets in themselves.

Does this book have any faults? I have two criticisms to make. First, as a complete parents' manual it is rather short on baby and toddler topics. No doubt this is because the author has already produced excellent books for the pre-school years. Even so, I was surprised that child abuse is not covered at all. The pre-school deficiency was more than compensated for by the insights gained into the problems of school children and adolescents. Her talent for treating children of all ages as fellow humans extends even to the disturbed teenager.

My other criticism would be that much of the book is too detailed, especially when dealing with medical topics. The section on febrile convulsions, for instance, would only make sense read calmly some time after the event. However, I have asked several non-medical parents for their opinion. Most looked up some recent problem and found it very helpful indeed.

Certainly, if I had to recommend a single book to a parent, I would choose this one, chiefly because of the message that comes across from every page and which goes something like this:

"Be reasonable, try to see it from the child's point of view, be positive about the good things, but don't be afraid to put your foot down: parents have needs too."

Dr. V. van SOMEREN
Lecturer in Paediatrics

"Miscarriage" by A. Oakley et al. 1st Edn; Pp. 224; £2.50; Cover: soft. Published by Fontana.

Until recently there has been an unfortunate dearth of information written about this very common and distressing experience. With the publication of "Miscarriage", written by a sociologist, a research worker and a GP, comes an informative, readable and above all, a sympathetic account of the trauma of "losing a baby". The authors have reviewed both our present day knowledge of the possible causes and the current management of miscarriage with objective clarity and helpful statistics. The main attraction of the book, however, is the inclusion of anecdotal experiences of women who have miscarried – describing their confusion, guilt, sense of failure and understandable anxiety about embarking on a subsequent pregnancy.

The book will probably be thought by some to be overtly critical of the medical profession in their apparent lack of understanding of the devastating emotional aftermath experienced by many women. As the authors point out – this is not necessarily the individual practitioner's fault, but may simply reflect a lack of training which could enable them to deal with such a distressing and uncomfortable area. While we as doctors are not confident to confront the emotional aspects of miscarriage the least we can do is to acknowledge the woman's sense of loss and advise recourse to this book. Hopefully, armed with facts, statistics, but above all, the comfort of shared experience, she may constructively acknowledge and work through her individual and profound sense of loss.

Dr. S. WATERFIELD
Dept of Obstetrics and Gynaecology

"Lecture Notes on Biochemistry" by J. K. Candlish. 1st edn. Pp. 290. Price: £9.80. Cover: Soft. Published by Blackwell.

There are at least 20 adequate undergraduate biochemistry text-books in print, each with its own devotees. This new one is unusual in that it has been written with the overriding aim of helping students to pass their first biochemistry examinations. Candlish unashamedly describes his book as a "crammer". He gives his readers hints about topics "examiners might be uneasy about asking questions about" . . . forecasts liable to be proved inaccurate by contrary-minded lecturers! The concluding advice for those unfortunate faced with a viva is sufficiently reassuring to give even the most panic-stricken student some courage.

Any attempt to reduce biochemistry to its essentials is in danger of introducing oversimplifications. While aiming to be concise, Candlish can be confusing. Here are two examples:-

- i) on inborn errors we are told: "most enzyme defects are recessive, most protein defects dominant";
- ii) on enzyme phosphorylation: "this is a physiological not a chemical reversibility".

Less forgivable are factual errors: Competitive inhibitors do not *reduce* the apparent Michaelis constant of enzymes. The standard free energy change (confusingly written as ΔG^0) associated with the oxidation of NADH is not +45 kJ/mol, but rather more like -220 kJ/mol.

If its obscurities and mistakes were corrected, this book might help those students who have to resit their first examination in biochemistry. Perhaps there will always be a market for this type of crammer, while current methods of student assessment are retained. After reading it, however, I am left with a feeling of unease; a good text-book, like a good teacher, should do more than aim to coach students through examinations. Ultimately, a book which fails to excite the interest of inquisitive and intelligent minds has few scientific or educational merits.

F. B. REED.
Lecturer in Biochemistry

"Self-Instruction in Psychiatric Nursing" by N. Okonironbar. 1st Edition Pp. 305 £7.95. Cover S. Published by: Bailliere Tindall.

The author of this book has worked on the principle that the teacher cannot learn for his student, but that true learning is that which we do for ourselves. He prefaces his book with the famous quotation from Florence Nightingale, "I do not pretend to teach her how, I ask her to teach herself, and for this purpose I venture to give her some hints". To put this into practise he has prepared a workbook offering a broad range of material relevant to psychiatric nurses, divided into topics and sub-divided into units, each with its own objective and self-assessment questions, rather similar to the format used by many modern American books. The comprehensive range of suggested reading, audio-visual aids and other information sources make the book useful as a resource for tutors.

It is designed so that it can be used at different levels by learners with different needs (including post-basic). The ring-binding format makes it easy to use and the layout is attractively clear on good quality paper.

So why can it not be unreservedly recommended?

Firstly, because it requires carefully supervised use. The material presented is reduced to a series of lists which are quite misleading unless a good deal of background reading, teaching and experience is undertaken.

Secondly, and perhaps more profoundly, the lists themselves represent a determinist-medicalized approach which is rather out of keeping with our contemporary concept of psychiatric nursing. The reader will gain no inkling of the despair confronted by the mentally ill individual, and will end up with only the merest flavour of the personal qualities required of the nurse who's daily work it is to help them.

The material is readily available in other books, simply tacking on resource lists and objectives and calling it a different approach is not enough to cover-up the fact that the book is written from a rather outmoded viewpoint.

IAN PALMER,
Nurse Tutor.

The Bore Report

Continuing, by popular demand, the informal, bigoted and progressively less coherent remarks of our resident alcoholic Cedric Bore. All information gratefully received. Any resemblance to any person living, or preferably, dead is accidental, and in many cases deplorable.

During my many years of existence – some would say it doesn't constitute an existence, I disagree – in the bar, I have witnessed many a curious happening. None, however, has caused as much mirth as an incident at the last Inflam. The newly elected football captain (see later in this issue for his identity) after an evening of complete and utter sobriety (he assures me) decided to assist bar staff by aiming a kick at a plastic glass minding its own business on the floor. His gymnastic ability was immediately precipitated courtesy of a wet patch on the floor. Scaphoids may be strong, but the nuclear medicine scan showed emphatically that his certainly wasn't. Six weeks in plaster is a high price to pay, but it serves him right for being sober.

I think all of you with a legal bent should be informed of an interesting case of grievous bodily harm that occurred before the annual cricket match between Mr. Spencer's team from Guy's and his village side. Bystanders tell me that a couple of students along with a senior registrar on the megafirm were participating. In the pre-match practice session, one of the students – who incidentally has long-standing family ties with Guys – deliberately aimed the ball at the senior registrar's maxilla (he apparently had made derogatory remarks about the size of the student's nose). I am reliably informed that the resultant lesion would have been a finals case had it occurred a few weeks later. The moral of this story, of course, is to beware of low flying objects.

Talking of low flying objects I think it is apt to whet your appetites with a story that has already emerged from the recent finals exams. An ex-Spiro's captain, also noted for his nasal prominence and the prominence of other parts of his anatomy (see later) went through his entire medicine clinical examination with his fly undone. Presumably this was an optimistic attempt to impress the female examiner. We eagerly await his medicine result.

Great care should always be taken when examining the sapheno-femoral valve due to the close proximity of another piece of anatomy. One poor girl this year was surprised when undergoing the above task by a sudden movement of the patient which resulted in the near-removal of her contact lens. The examiner sensibly brought the examination to an end. The student left the exam rather cock-eyed about the whole experience.

Dentists are now under such pressure from their peers, that such a vitally important task as putting on a patient's crown is more important than sports fixtures arranged six months earlier. If the perpetrator of this foul deed would like to defend himself I would be delighted to relate his excuse in next month's column.

That ex-Spiro's captain alluded to earlier has finally let his physical appearance get the better of him and has succumbed to heavy pressure and allowed us to sew his ears back. This is being funded by the medical school office as the door to the bar no longer has to be widened.

The chromosomal abnormality has been exhibiting psychopathic behaviour by again getting himself beaten up on the washed-out Oxford cricket tour. His excuse was that he was only trying to retrieve a bucket. Are we seriously expected to believe such rantings? Lock him up, I say.

The selection committee at Guy's have finally turned over a new leaf and appointed (yet another) ex-Spiro's captain and an ex-1st XI cricket captain to top SHO jobs at Guy's in the near future. This will result in bar takings increasing by 10–20%, and surely the days of dermatology tutorials in the Horseshoe are not far away.

The rot has truly set in and the bar is now not to open on Sundays. What a constructive decision. The fine public relations record of the medical school office will yet again be enhanced as it was after the Inflam ban. Well done.

Introduction

Apathy is the name of the game as far as sport is concerned at the moment, or at least in the pens of any potential sports writers. Could I have some copy please – yes even a ladies hockey report would be welcome.

The cricket season has come to a virtual standstill at the moment with the Oxford tour being entirely swamped and the entire tour party entirely wasted. The 1st XI have also crashed out in distressing style from the Hospital's Cup. See next month for the report. We are able however to print this year's averages so far so you can all see who's to blame.

The Summer Festival was, as usual, an astounding success. Congratulations to anybody who was involved in organising that.

The recent Hockey Club AGM served to paper over the cracks that have appeared in the club recently. Hopefully the elected four-man junta will return the club to its former glories.

Also appearing in this section is a summary of the glorious season enjoyed by the football club in the winter.

CFEP

GUY'S HOSPITAL ASSOCIATION FOOTBALL CLUB 1984-5 SEASON

1st XI: Pl: 14, W: 9, D: 5, L: 0, F: 51, A: 15

For the first time in several seasons, the Football Club AGM has been a celebration of a victorious season; so much so that Prof. Robinson was almost overcome with joy and startled us with a new joke. The 2nd XI came close to a clean sweep of honours, as I'm sure you are bored of hearing (taking into consideration our illustrious Sports Editor's *loyalties*). The 1st XI finally realised the potential that they were capable of, and were unbeaten in emphatically winning our division.

Early in the season, captain Stu Mellor experienced similar problems to those Terry Venables has in Barcelona – but we were OK once a suitable interpreter had been found. He proved an ideal skipper, whose experience and consistent form in midfield will be missed.

The solid defence was a constant feature of the team, aided by the free transfer (from the 3rd's) of star goallie Tony Gardner who was, deservedly, the "player of the year".

Throughout the season, he continually stunned those of us who had previously thought him . . . well, a little bit of a poser, really. I'm told that his dad is really proud of him.

Gav Shannon made up for his startling lack of pace by very successfully employing a tactic of extreme violence. The Irish Fool was also the first player to have a special equipment grant for his sports bra! Kwesi Debrah (whose special equipment is all his own) did an excellent job deputising for skip mid-season. On the pitch he proved to be very, very frightening, unfailingly missing ball but connecting with player. The players are hoping to organise a tutor for Kwesi, to teach him rudimentary syntax and grammar. Dave Bailey (who's he?) was one of the two important newcomers to the side, adding a bit of technique to the central defence. A little curbing of his youthful impetuous nature, and he's going to be a valuable asset in years to come. Mark Allington may not be flamboyant on the pitch, but get a few pints down his neck and he'll clap his flippers and balance the ball on his nose, will our "Salty".

Moving smoothly into midfield, Dave Callahan scored 9 valuable goals with his lethal left foot (his words). One of the prettiest boys in the team, he insisted on wearing the smallest shorts from the kitbag. Strange. We'll have to keep a fatherly eye on this one! Andy Jones continued to display his fine football skills, and hypertrophic vocal cords, in his last (of 5) seasons in the 1st team. Both he and Stu Mellor will be hard to replace next season.

Up front the striking partnership remained unchanged all season. Paul Taylor scored 12 goals, most of them while lying on the ground. His talent for slipping past defenders whilst apparently looking for a lost contact lens, is unsurpassed in the club. He got the goals when it mattered, but remains notorious for hitting the corner flag from around the penalty spot. Nick Tucker at centre forward, had a relatively disappointing season, but managed to scrape 12 goals. He put himself about a lot (does anyone know what this means?), but spent most of his time tripping over the ball – I suppose he might have been looking for Paul's contact lens as well (or trying to look up Dave Callahan's shorts) – Posts for the 1985/6 season are as follows:

1st Team: Capt. Navroz Masani,
Vice-Capt: Nick Tucker.
2nd Team: Capt. Nigel Marchbank
Vice-Capt: David Guppy
3rd Team: Capt. Marcus Field
Vice-Capt: Eli Baran
Secretary: Christopher Pocock
Treasurer: Kwesi Debrah

Sam in a Van

2nd XI

Meanwhile, the self-confessed wide-boys of the Football Club, the 2nd XI, had a dream season. It would have been a disaster if a team so well-adapted to celebrating, had not had anything to celebrate. In the event, our heroes won their division, and after a disastrous 0-5 defeat in the UL Reserve Cup Final, went on to record a famous 1-0 victory over the Royal Free in the UH Reserve Cup Final.

Brian Jenkins, obviously the 'Beeste for the job, kept a firm hoof on the boys and in his final year as a student, must have enjoyed his best season on the pitch, switching from attack to defence. Two other players who will be hard to replace are Gav Stokes and Tim Harris. The effect of BJ's fitness campaign on Gav in particular was startling - rumours that he was running up the Tower after a certain dentist are totally unfounded. Tim Harris again scored regularly and spectacularly.

The prolific goalscorer was undoubtedly Nigel Marchbank with 29(!) goals; not enough to rank as BJ's Player of the Year - This accolade went to Emin Carapeti - well-hard in defence.

The essence of the 2nd Team's success was, however, the spirit (pun!) and commitment of the squad of 13 who regularly turned out to train, and missed few matches. This season will be a hard one to follow.

CRICKET CLUB MID-SEASON AVERAGES

BATTING	I	NO	Runs	HS	Avg	40s	50s	100s
Pocock	11	-	378	106*	34.3	4	-	1
Brink	11	2	306	76*	34.0	-	3	-
Cranston	6	2	89	42*	22.3	1	-	-
Masani	7	-	154	40	22.0	1	-	-
Shannon	5	3	32	13*	16.0	-	-	-
McGuckin	5	1	23	8*	5.7	-	-	-

BOWLING	Overs	Mdns	Runs	Wkts	Avg	BB
Cranston	65.2	19	128	19	6.74	5-11
Shannon	89	24	280	16	17.50	3-35
Vowles	46	9	157	7	22.40	3-16
Pocock	73.5	17	248	12	26.70	6-39

ASSOCIATION FOOTBALL Past vs. Present

The season kicked-off on the final Saturday of September with the traditional Past vs. Present game. On a pleasant afternoon the match began evenly enough, but, in the first half particularly, the guile of the Past was to prove insufficient to counter the pace of the Present, especially in midfield where Anu Biswas, "Hyper-Mass" Jones and the matchless "Eniffer" Mellor dominated. Indeed the half-time 3-0 lead was due to these three scoring. The first came when "Snipper" Mellor set the crowd alight with a scorching first-time strike, the second after a fine run by the ice-cool Anu, and the third was a screamer from H-M, scored while the skipper was disentangling himself from quiet-man Steve Robinson.

At half time the teams were adjusted with Dixie Harris, B.J. "The Beast" and "No hands" Russell being rested from the present team to bring on "No Jugs" Taylor, Gavin "Nice Jackett" Stokes and Tony "No Nerves" Gardner and the past to bring on Chris Dickenson although they continued to switch players throughout the second half. Early on in this half, Dave "Boy" Greenaway, not looking a day over 40, miss hit his free-kick into the top corner and the past were back in the game. Soon afterwards "Scarface" attempted to lob his 'keeper and Steve Robinson to score on the rebound, but somehow "The Cat" kept them out whilst Steve, thinking he had scored, celebrated quietly.

Well into the second half Nick "Passenger" Tucker scored after a good run to put the present three goals clear again (surprisingly none of the goals was apparently the fault of Robin "Safe as Houses" Evans), but after this, the present, (particularly skipper T'spu Mellor) seemed burnt out, and as they tired, the past made a final effort which was rewarded with a very late goal from ex-megastar Clive Archer.

The evening was completed with a three course meal for which thanks must go to Joyce and Eric Dann and a disastrous piece of sipping which allowed the past to snatch victory in the boat-race and retire happily to H.Q. for further refreshment.

No Temporal Lobes

UCV 3 Guy's II 7

First may I thank Guy's IV and their captain, Andy Mones, for the loan of their players; what they lacked in skill they made up in entertainment.

We travelled north to Shenley by coach. Dixie opted to go in his car, believing his "wares" (correspondence Harris Sports Emporium, SE1) would be better concealed from the border guards. Shenley was very cold and a wind (Beaufort scale 9) dominated the game.

The first half was spent fighting the wind, and wondering how the defence had put UC one up. Knave soon evened the score. Good moves down the left through Alleyway and Fatterbury gave us many scoring chances but Tucker failed to hit the target.

Most of the early second half was spent scoring – Dixie and Knave doing the honours. The Gardner potted around in the box and managed to lift the oppos' sagging morale ("come on boys, they're laughing at us") by scoring one and allowing another to pass – what a gentleman! Calls that the latter goal was due to the right back were grossly exaggerated.

Meanwhile Cannonball Brookes made good Challenger's loss, by launching the satellite Mitre I and Rytina gave us a marvellous display of his popliteal fossa control. The oppo were also burdened with a dwarf, whom Fatterthanever seemed unable to stop, despite the latter's greater mass.

So another victory, but a boring match, with little effort expended by the oppo, particularly in the second period when they had to contend with the wind. Sipper was pleased though, especially as he had managed to eat all the oppos' oranges at half-time. Knave showed himself well above fourth team football and may be ready for the thirds. The rest of the team appeared both fat and wheezy, with the notable exception of the right back.

Only two questions seemed unanswered in the largely satisfied post-match idiocy – would Dixie's car ever get home and was Mellor actually playing?

Team: A. Gardner, M. Scriven, I. Littlejohn. S. Brookes, M. Allington, S. Mellor, E. Rytina, N. Masani, M. Batterbury, T. Harris, N. Tucker, T. Hug (sub.).

Tristram Hug

Hospital Information

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BIRTHS

CHATER – To Eddie and Annie a son George on 24th May 1985 in a Range Rover!

MARRIAGE

BARRACLOUGH – Deuchar. On Friday, 7th June. David Barracough to Daphne Deuchar.

DEATHS

NAIDA, Eileen Magell – née Payne. Died at the age of 44 years after a short illness. She is survived by her husband Jack and two children Tanya and Alex.

CHANGE OF ADDRESS

PEARCE – Lady Patricia, M.B.B.S. (formerly Grice nee Forsythe), 25 Caroline Terrace, Belgravia, London SW1 W8J.

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A Passport to Exam Failure

This summer was a difficult one for examinees in Part II and Part IV of 3rd B.D.S. Strangely, members of the second clinical year were expected to take these two demanding exams in the same period. At the moment, in fact, Parts I to IV have to be taken within the space of a year. Controversy was rife in early June over the prospects for undergraduate prosthetists with a depressing lack of clinical experience. There were likely to be problems with the technical backup available for "exam patients" varying between the finest excellence and frustrating inconsistency; a small number of students surely suffered as a result. Some even decided to back out of Part II in order to concentrate on Part IV.

In Part IV the failure rate was 20.4%. The number of students who will have to complete an extra six months is nineteen. Some students asked about their practical exam were heard to say, "I wasn't really sure what was going on". Some will testify that the scenes in the vivas were of destruction. To some this will appear to be a flippant attitude, but the fact remains that (perhaps) unavoidably, with the re-structuring of the curriculum the chances of success in Part IV were significantly decreased. There has been some political activity organised by members of the third year which has attempted to add substance to the fears of the staff in the prosthetics department regarding the final outcome of Part IV. Probably no-one is to blame, with the smooth transition from the old curriculum to the new being of utmost importance. Yet nobody should deny that the plight of the nineteen individuals who failed is very unfortunate.

In Part II sixteen students failed (18.4%). This is a rather bad failure rate. Why has no emphasis been made on the format of the new "Human Disease" examination? In exams of this type, involving an MCQ and a short answer paper, a good technique is more important than profound knowledge. No dental student needs to, or can be expected to appreciate details to the same depth as medical students. A logical, analytical approach is far more beneficial (following qualification) and more likely to result in a pass of Part II. The lecture course in Human Disease happens during the first clinical year a full twelve months before the examination, why? All those who have endured the stress of taking Parts II and IV together hope that the same will not befall their immediate successors.

Student Locums

It has been brought to the *Gazette's* attention that considerable pressure has been put on clinical medical students to do student locums (or whatever the new euphemism is), particularly whilst on their regional attachments. Of course, many students are keen to do these locums, but many are not, and feel compelled to do them to remain in favour. Quite rightly medical students may not enter drug trials at their own teaching hospital in case any pressure is put on them directly or indirectly to take part against their will.

It is, however, desirable that students from Guy's are given the chance to do locums at Guy's and attached hospitals, but it is time that some mechanism were brought into play that would ensure that all locum appointments were taken up willingly.

Student Bar

It hardly seems a month since the *Gazette* moaned about the bar, either in Passim, or through the bigotted rantings of Cedric Bore. Inevitably the bar is the focal point of much of the social life at Guy's, being a relatively convivial spot with very cheap beer.

Recently, and in fact for quite a while, the bar has been shut, with a bare notice in the window stating "No Beer". Now, many Australian songs have been written dwelling on the sadness of pubs with no beer; it is difficult, however, to comprehend how this situation arises repeatedly when there is a man employed full-time to keep the bar stocked. Naturally, the cask-conditioned beers must be allowed to run low over the low-demand summer months as they have a very short shelf-life – but why the keg beers and lagers which keep for many weeks?

The running of the bar at present is quite unsatisfactory, and we look forward to the Clubs' Union rectifying the situation.

News in Brief

Sir Philip Harris

The *Gazette* offers its hearty, if belated, congratulations to Philip Harris on his knighthood announced in the Queen's Birthday Honours List. Sir Philip and his wife, through the Philip and Pauline Harris Charitable Trust, have been fantastically generous to the hospital and medical school, most recently with their benefaction towards the new NMR imager to be installed at Guy's.

W.H.A.T.

Last minute bookings for the Wolfson House tenth anniversary reunion can still be made for the Ballroom buffet party on Saturday, September 7th. Spouses and posslqs welcome.

Tickets are £10 per head (cheques payable to Guy's Hospital Medical School), and are available from Andy Baker, Registrar, U.M.D.S., Guy's Hospital SE1 9RT. Please indicate legibly who is coming so the invitation can be returned with the correct names.



Professor and Mrs. E. Kass of Harvard University, who unveiled a G.L.C. Blue Plaque to Thomas Hodgkin on No. 35 Bedford Square on 15th July, with left Dr. Brian Creamer [Dean of the United Medical and Dental Schools of Guy's and St. Thomas's Hospitals] and right Professor T. J. H. Clark [Dean of Guy's].

Hodgkin Memorial Plaque

The G.L.C.'s 500th blue plaque was unveiled on 15th July by Professor and Mrs. Kass at 35 Bedford Square, London, commemorating the life of Thomas Hodgkin. Many of Thomas Hodgkin's descendants were present, as were members of the "atoning" medical schools of Guy's and St. Thomas's. There followed a reception and buffet in the Robens Suite, after which Professor and Mrs. Kass gave an interesting talk about Hodgkin's life, in the Harris Physiology Theatre (Part I of which appears on p.259).



*Professor and Mrs. Kass with members of the Hodgkin family
in the Robens Suite*

Front Cover

The front cover is a photograph of the original portrait of Thomas Hodgkin, which can be seen in the Gordon Museum.

Appreciation

Keith Titley, B.D.S., M.Sc.D., F.R.C.D. (Canada)

Dr. Keith C. Titley has been appointed Examiner-in-Chief of the Royal College of Dentists of Canada for a three-year term commencing January 1, 1985. Dr. Titley comes to the position with considerable experience as examiner for the College in Paedodontics, for the last eight years as Chief Examiner in that specialty. Dr. Titley is Associate Professor in the Paediatric Department at the University of Toronto, where he has been affiliated in a teaching capacity since 1970.



He is a graduate of Guy's Hospital, London, and holds a B.D.S. from the University of London, and the L.D. S. of the Royal College of Surgeons of England. He enrolled in the Paedodontics programme at the University of Toronto in 1967, earning his diploma in that specialty in 1969 and an M.Sc.D. in 1974. He became a Fellow of the Royal College of Dentists of Canada in 1972.

He has been very active in the Canadian Society of Dentistry for Children (Ontario Chapter), the Ontario Society of Paedodontists, and is a member of many other dental organizations, including the International Association for Dental Research and the Federation Dentaire Internationale. His other interests are many and varied, and range from sailing to squash to show business.

Clubs' Union News

A very quick report this month as I am at present in the middle of Periodontology, Paedodontic and Orthodontic exams. This might be an apt time to bring up once again that old chestnut: Union Officer sabbaticals. Very few colleges with over a thousand students (our present total) find it possible to function without one or possibly two sabbatical officers. Many colleges with well under a thousand students find sabbaticals help the union run on a smoother and more untroubled course.

My continued dilemma is the juggling of academic and union obligations and therefore neither gets my full undivided attention.

Pressure to perform miracles with limited budgets come from staff and students alike. Good bands are required at hops with a disco for the knock down price of £1.50-£2.50, "After all we are poor students." We attempt to run the bar at a profit (or at least not a mammoth loss) with accumulated losses busily mounting up.

I know both Dentistry and Medicine are long courses with B.Sc.s increasing the time spent at University and an extra year sabbatical is not enticing to some. However, I believe the opportunity to take a sabbatical year as president should be given to those who feel they and the university will benefit.

Elaine Parsons, President

Events

Just as I always predict the beautiful weather has come just as the last viva grilling has ended. As the sun came out the students went home and a pin can now almost be heard to drop in Boland House.

The pre-clinical summer term ended on Friday July 5th with a cocktail evening featuring Guy's own band.

While it was still raining the "Catgut Octet" put on a creditable performance of chamber music. This was meant to take place in the Park, but to avoid string stretching by tumbling "Cats and Dogs" was held in the colonnade instead.

More recently the second year medics produced the well known but very depressing play "Look back in Anger" by John Osborne, in the Harris Physiology Theatre. All five actors should be commended for their performances.

Now for some good news. The Clubs' Union has received a donation of £500 from the Harold Hyam Wingate Foundation - this plus £200 raised from the Summer Festival will go to the Charterhouse in Southwark Charity who are a local youth project.

Well, back to haunting the near empty confines of Boland House. Now where are my pins . . . ?

Clare Chavasse, Vice President Dental

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"Are Medical Journals Still Dull?"

A Tribute to the Late Dr. Richard Asher

by Neil Watson, M.A., F.R.C.S., Consultant Hand Surgeon,
Milton Keynes Hospital

Introduction

This report is prepared at the request of A. Cynic, B. Mused and Kant C. Forlooking, sporadic scanners of the medical press, subscribed and unsolicited. It should be read in conjunction with an earlier report, dated 23.8.58 [1], prepared by the late Dr. Richard Asher, once Critical Reader at the Central Middlesex Hospital, style analyst and professional wordsmith, in which the literature was reviewed, and the symptoms, signs and pathology of medical journal dullness [MJD] described. He was not then able to give an accurate long term prognosis.

Progress Since 1958

The overall condition has not changed significantly over the quarter of a century since the previous report. "General interest" medical journals, such as the *BMJ*, still contain many multi-author articles written in unintelligible dialects, most commonly clinical and scientific gobble-dygoon, but increasingly now in bureaucratic new-speak, heralding the new language of Griffithstalk, a legacy of 1984. As the profession is dragged screaming into the last 15% of the century there are occasional glimpses of computerised CV fillers, configured and compiled using either MSDROSS or MDDROSS operating systems. However the configurator manuals for these two computer languages both lack MS [Making Sense] or MD [mastering denouement] appendices.

Following an interim review in 1984, after the demise of *World Medicine*, a direct approach was made to Dr. Stephen Lock, consultant adviser on established journal content, suggesting a widening of the scope of his journal, taking into account the increased circulation figures and therefore the wider readership. In his considered, courteous and amusing reply he stated that no major changes could really be made to his organ, but, in a modest self-critical way, suggested that it might be time for new personnel on the flight deck, or words to that effect.

Some important alterations have been made, following Dr. Asher's recommendations, though, as is so often the case, not all of them have been for the better. Some signs are here listed by way of an introduction to the present situation.

Wrappings

Materials and methods

Whereas the earlier rolled-up, unopened format of the *BMJ* was suitable for instant use as an offensive weapon, the current presentation is one of plastic coated flaccidity, rendering it unsuitable as a weapon, even for defence. Many of its sister journals are similarly packaged.

Colour

The faded matt battleship grey cover of the *BMJ* has been superseded by a glossier substitute of an azure hue. Only occasionally has this repetitive monochrome been interrupted, once by a poor picture of that architectural gem, the "Tower of the Winds", part of Oxford's Radcliffe Infirmary, and now incorporated into Green College, brainchild of the sometime Regius Professor of Medicine, and evangelical convert from nicotine addiction, Sir Richard Doll. But it was different.

The Lancet remains funereal in its appearance.

The *Guy's Hospital Gazette*, one of the oldest journals, flaunts racy colour spreads regularly.

Several new journals, not available at the time of Dr. Asher's earlier report, now regularly use colour extensively, eschewing expense in their desperate quest for leadership of the ratings league, so essential for continued financial support. However the original centrefold colour lesion is now showing regular signs of metastasising to the front covers. This has produced widespread morbidity in the form of a national postal strike. Earlier reports of multiple vasovagal attacks amongst the few remaining employees in non-automated sorting offices have now been substantiated, and the latest Road Accident Group [RAG] statistics highlight the high incidence of vertical disequilibrium [VD] experienced by bicycling recruits in the postal delivery service when first exposed to medical pornography. After protracted negotiations a compromise settlement has been reached in which all plastic wrapped medical journals exhibiting offensive medical material will now be delivered under plain polling cards.

Index

Dr. Asher rightly drew attention to physiological difficulties caused by frequent anatomical anomalies. Although not suggested by him the condition subsequently became known as MI [migrating indices]. The syndrome was not pathognomonic of any one journal, but was related to randomly placed advertising material.

These problems have, to a large extent, been minimised and in some cases eliminated as the result of a potent DHSS developed vaccine. This paradoxical potion [from a free market orientated administration] has proved effective in eradicating much drug company copy, but the revenue thus lost has produced profound weight loss in most established cases and death in others. The failure to implicate the 49 recommendations of the Pearson Commission [PC49] for no fault compensation means that resuscitation for the terminally afflicted survivors is unlikely to be successful.

All hope need not yet be abandoned. A recently qualified GP [Green Paper] is offering crumbs of comfort to the wilting. He and his colleagues are proposing to advertise their wares in their favourite journals.

Examination for the Purpose of this Report

An extensive field survey by MAP [Medical Authors, Professional] has revealed little evidence of local spread of information technology to the publishing organs. Only one publisher has been located who can metabolise medical copy in disk form. The remainder have been lost to follow up, presumably the result of either massive disk prolapse or incompatibility. Unconfirmed reports suggest that the usual problem of doctors being unable to agree on anything is largely to blame. Others see little prospect for the profession coming to terms with, let alone being able to use, word processing facilities. This is lamentable, for the word processor reduces drudgery from the time consuming process of writing, and particularly rewriting, and maintains the freshness of manuscripts which would otherwise be long since forgotten amongst a mounting pile of notes, correspondence and discharge summaries. To date no "Instructions to Authors" have included suggestions on disk selection or language. These observations confirm that 95% of medical editors are now alopecic; they simply cannot go on tearing their hair out.

More careful and charitable analysis however has led to the discovery of early extracorporeal fertilisation; some of these embryos have been successfully implanted into surrogate journals. But the nutrient capabilities of the hosts have been stretched: Michael O'Donnell, previously freely spoken from Slagthorpe, and a pioneer in the analysis of the breakdown pathways off the Grand Medical jurisprudence Cycle [GMC], is now required to write under a "one man's burden" and has been forced to take on supplementary gogglebox feeding in the form of booze. Further studies will obviously be required to determine the long term survival rates of these new species. The influx of cheap Enoch Powell pills is also a threat.

Opinion and Prognosis

Within 5 years it is likely that medical/scientific databases will become established. Those interested will be able to study these at their leisure in front of their home television screen or VDU keeping abreast of the latest trends in serum rhubarb autoradiography. The supply of trees and hence of wood pulp is not infinite and the deleterious effect upon the earth's atmosphere of their constant culling for the purpose of broadcasting information of doubtful worth adds impetus to the welcome movement towards advanced information data storage [AIDS]. However VDU related diseases, previously restricted to Special Clinics, are now becoming widespread and the need for the paper-printed word to continue is unlikely to diminish. Reading should be a pleasure. It would seem likely that the nature of medical journals is about to change dramatically so that they will contain more readable, stimulating and provocative articles and that the unintelligible will be hidden from view within giant mainframes. Thus high-tech medical practice will remain high-tech. For the rest of us, enjoyable articles should help to preserve sanity and a sense of humour in an increasingly serious world.

New basic Conjoint Diplomas [CD] are suggested. LPAM [License to Practise the Art of Medicine] and LPCS [License to Practise the Craft of Surgery]. Diplomates schooled in this new practical way will expect to read and contribute to Medical Arts and Crafts [MAC], a forthcoming strain of Apple. They will of course have received literacy training on their MA [Medical Authors] course.

To summarise, medical journals are not as dull as they were when Dr. Asher first reported, but it is my opinion that there is no room for complacency.

In view of the impending alterations to the systemic treatment for medical journal dullness it will have become obvious that it is still not possible to furnish a final prognosis and I would suggest a further report, with careful examination, appropriate investigations and a review of the current literature, at about the turn of the century.

1. Asher R. *Why are medical journals so dull?* British Medical Journal. London 23.8.58.

PS. This article was prepared on an Apricot computer running on MSDOS and using the Superwriter word processing programme. Any reference to other computer hardware and software contained in this article is completely intentional, but should not be taken seriously. The three living characters mentioned are all real and I hope will not be offended by anything that I have said. They have each enriched my enjoyment of a medical life. These words would not have appeared without the stimulation provided by the inspired originality of the late Dr. Richard Asher. Anthologies of his work should be compulsory reading for all medical students.

Guy's Hospital Gazette



We should like to remind our readers that all copy for inclusion in the "Gazette" must be received 15 days before publication. Copy dates for the next two months are August 14th and September 11th.

Copy may be sent to us at 23b St. Thomas' Street, Guy's Hospital, SE1 9RT.

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The Mole Report

When Mole emerged into the Park and sniffed the air of Lewisham and North Southwark he found the atmosphere oppressive and not to his liking. The waves of depression sweeping in from the direction of the Elephant were doing much to undermine the morale of the workers, who still tried to do what they were meant to do in spite of the extremely inclement conditions. Under the circumstances what a joy it was for Mole to find that the Unit Artistic Director at the old Alma Mater had laid on our own Summer Exhibition, no doubt intended to bring cheer and spiritual uplift to all those who suffer in the place. Mole, in spite of his rather poor eyesight, thought he saw some fine examples of Art Nouveau and with his kindly nature felt compelled to draw attention to just a few of them for the benefit of the general public.



Fig. 1 "Operation Completed"

The first exhibit (*Fig. 1*) was clearly designed to inspire confidence in prospective patients approaching the great hospital from the East, along St. Thomas' Street. Mole interpreted it as a subtle illustration of the surgeon's art with primitive drip stands (posts inserted into concrete blocks), prostheses for hernia repairs (rolls of wire netting) and a discarded instrument trolley ("Operation Completed").

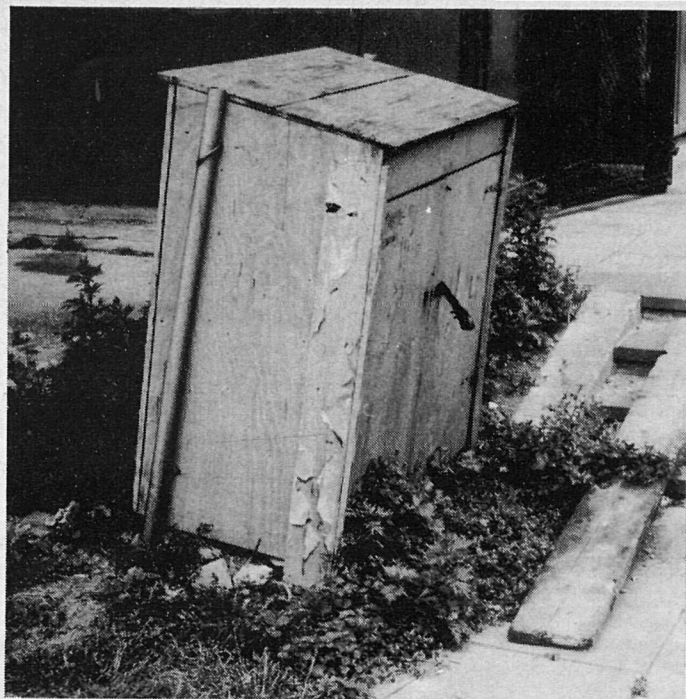


Fig. 2 "Male Shed"

Next, the "Male Shed" (Fig. 2), to be seen alongside the Tower, was an intriguing object shrouded in mystery. Its contents, if any, were uncertain. Its construction was ingenious for it gave the impression that it was about to fall over, and the broken lock was an inspirational flash denoting its aggressive maleness.

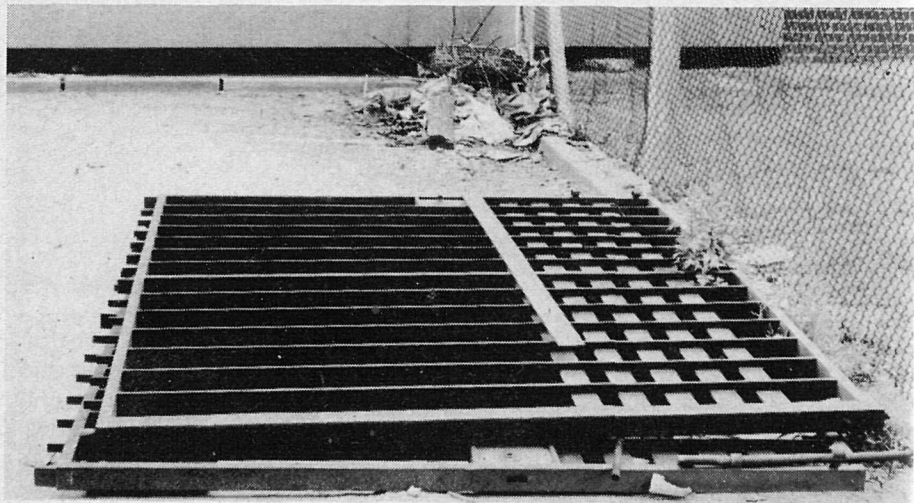


Fig. 3 "The Open Gate"

The simplicity of "The Open Gate" (Fig. 3) rivalled that of the famous pile of bricks once seen at the Tate; just some abandoned gates (horizontal for some years now) with weeds growing through them and a nice pile of rubbish in the background; an encouragement for all to enter the Portals.



Fig. 4 "Every which Way"

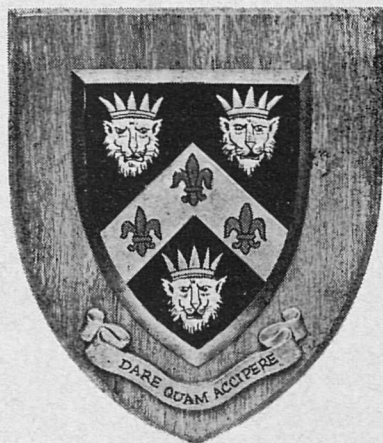
Finally, Mole picked out just one of the many signs flourishing around the place (at least something was flourishing). "Everyway which Way" (Fig.4) was an example of the sign makers real art for it managed to be completely useless and at the same time was placed so cleverly that it skilfully obscured any view of the Park.

Mole had selected only a small number of the many treasures to be seen, and hoped to highlight others at a later date. Perhaps the Exhibition would attract a hefty donation from Paul Getty Jnr. However, as with most Modern Art, he feared that some observers, like perceptive young Ratty, might call it all rubbish and consider that when places become demoralised, squalor developed insidiously and became accepted and hardly noticed. And what about those Empty Medical Wards (EMWs) which he had heard were increasing in number once again? Was it true that the EMWs were to be made into a Waxworks Museum, with rows of beds filled with pretend patients? And was there to be a Chamber of Horrors containing effigies of the Villains responsible for the whole thing? If so, anyone who could last a night there without going beserk was in for a MMA (Mole Merit Award).

Mole in the Park



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Guy's Hospital: Present and Immediate Future

by C. Chantler, Professor of Paediatric Nephrology
Chairman, Guy's Hospital Management Board

Introduction

The problems of our hospital have been featured in the press and on television recently and it must come as a relief to Guy's men and women to receive their *Gazette* and realise that the Hospital and School are surviving and indeed thriving. The purpose of this article is to describe the problems we face and our response to them.

1974-82

Between 1948 and 1974 the Hospital was the responsibility of the Board of Governors, eminent men chosen for their particular skills and enthusiasm for Guy's which was assisted by a small team of able professional administrators. Broadly speaking the Hospital was funded directly from the DHSS and its revenue was sufficient to provide services to all patients who were referred for treatment and there was genuine growth both in the funding of the National Health Service and of Guy's. The day-by-day management of the hospitals, Guy's, St. Olave's, New Cross and the Evelina Children's Hospital, was the responsibility of the Clerk to the Governors, helped at Guy's by the Superintendent and Matron, again assisted by professional administrators. In 1974 the Board of Governors was dissolved and the Area Health Authority (Teaching) (AHA(T)) was established with a responsibility for the hospitals of Guy's, Lewisham, King's and St. Thomas's Groups. The AHA(T) was responsible to the South East Thames Regional Health Authority (SETRHA) and slowly our problems increased. The SETRHA was faced with a progressive redistribution of revenue and capital monies to the northern regions of the country according to a complicated formula devised by the Resource Allocation Working Party (RAWP) which in effect determined that the regional allocation should be based on population numbers, modified by population mortality rates which are influenced by urban deprivation, cross-boundary flows, etc. In addition to the effect of the national RAWP, the SETRHA also decided to redistribute resources from inner London to other areas throughout the south east because *per capita* expenditure outside London was considerably less than in London, although the original intention of RAWP had been to achieve change by differential growth rather than by reducing resource allocations to the more advantaged regions. Our problems had begun and it was no use arguing that the patients, many from outside our area or region, were still being referred for treatment because this was considered to represent the problem the SETRHA were trying to solve by making facilities available nearer home. However the effects were mitigated by argument, political action, and to some extent by pretending that the problem was not acute, but it was found necessary nonetheless to reduce and then close St.

Olave's Hospital to save money. Moreover the inevitable confrontation between the AHA(T) and the RHA and DHSS eventually led to the AHA(T) being suspended, and Commissioners appointed by the Minister then proceeded to apply policies which resulted in a considerable number of bed closures. Although the Minister's action was later challenged in the Courts and declared unlawful, it became clear to many that it was no longer possible to disregard resource allocations when planning services.

In spite of these difficulties many changes took place at Guy's during these years with the establishment of academic units and a massive increase in clinical research which supported the development of new treatments for patients with a wide variety of disorders referred from elsewhere in the country. 25 years ago when I came as a student to Guy's there was one clinical professor, the professor of experimental medicine. There are now 20 working in clinical specialties and in clinical research. The Tower Block was built and incorporated the new Evelina Children's Hospital and the new Dental Hospital. These developments were made possible with money from the Exchequer, from the Endowment Fund of Guy's Hospital and from private individuals and institutions.

The Hospital was managed by a District Management Team responsible to the AHA(H), comprising an administrator, nursing officer, finance officer, consultant medical representative, district community physician and general practitioner who worked by consensus. This meant that decisions had to be generally agreeable before they could be taken. The Medical Committee Executive who advised the District Management Team did not carry any managerial responsibility and the authority of the Superintendent was reduced. On the positive side the hospital certainly became more integrated with the community and primary health care services in Southwark and more responsive to the needs of the Region and the SETRHA, although some progress with this had already been achieved. The hospital also became more efficient, both clinically with more patients admitted into fewer beds, due to reductions in length of stay and faster turnover, and administratively, with the more efficient use of ancillary services. One factor which is frequently overlooked was the increasing complexity of hospital management with more unionisation to protect staff interests, the introduction of UMTs to take account of the extra hours' work by junior clinical staff, the increasing technology with the employment of more scientific staff, etc.

1982-85

The next and most important change occurred in 1982 when thankfully the AHA(T) was disbanded. It had always been too remote to assist in our day to day problems and yet acted as an impediment to seeking action from the SETRHA who, in effect, controlled our income. A positive development was the amalgamation of Lewisham and Guy's Health Districts into the Lewisham and North Southwark Health Authority and the progressive integration of Guy's and Lewisham Hospitals which is still proceeding. We did not get back our Board of Governors, but we did get an authority which is concerned with our problems and not split between the

needs of three large teaching hospitals. The most fundamental change and one which is not yet fully understood was the introduction of cash limits in 1976. These had of course led to the appointment of Commissioners before the AHA(T) was disbanded, and it was now clear that the DHA and its officers could not overspend their financial allocations and indeed were the members of the DHA to do so their appointments would be terminated. The effect of this cannot be overemphasised. One immediate effect was to make planning of our use of resources imperative because the alternative was arbitrary action.

The SETRHA now began to insist on revenue reductions in our district and with cash limits they had the power to do so. In addition the DHA decided to redistribute money from the acute hospitals to the community services which whilst entirely defensible and understandable nonetheless compounded the difficulties of Guy's which was faced with income reductions applied by Government, the SETRHA and the DHA. Increasingly the DHA made clear its view that the money it had to spend should be spent on its own residents, not on people referred from districts who were gaining out of the redistribution of resources. Our funds therefore comprised an allocation according to district population, extra money to support regional services located at Guy's and an increment from the DHSS provided to support the extra cost of teaching hospitals (SIFT). Unfortunately the sum provided for expenditure on agreed regional services is determined by the level of activity two years previously and therefore cannot in any one year take adequate account of a steady increase in demand and costs and this was especially true for cardiac and renal services. The problem is well demonstrated by the funding of the renal service which assumes that new patients accepted each year are balanced by an equal number of patients who die, which would hardly make the treatment worthwhile. In addition there are a large number of patients referred to Guy's for treatment because suitable services do not exist in their own district and indeed it would be uneconomical to provide them there. This is the advantage of a teaching hospital to the NHS which present funding policies turn into a considerable disadvantage because the RAWP system does not take adequate account of the differential cost of cross-boundary flows. Thus Guy's is not adequately reimbursed for the expense of the high technology services that are provided. Finally SIFT was reduced by the DHSS to 75% of the calculated cost; thus we are not adequately reimbursed for the extra cost of training nurses, physiotherapists, radiographers, etc., and indeed it would be cheaper to staff the hospital with trained staff only.

Our financial problems exposed other difficulties. Our medical advisory machinery was not working. The doctors carried day to day responsibility for the delivery of patient care and determined by their actions the allocation of resources, but had little incentive or authority to influence the way the system was managed. Our information systems which were designed for an overall accounting system on a year-by-year basis were not adequate to determine how much individual services cost and therefore we had little control over clinical expenditure and therefore

little chance of introducing efficiency savings with a minimum effect on patient care, let alone could we consider the use of modern systems to transfer information around the hospital to improve patient care. Nonetheless on the administrative side major efficiency savings were made in addition to those already achieved and indeed between 1982 and 1985 over £5 million was saved, mostly on support services. In this respect it is important to realise that the administrative costs of the district are less than 4% of the total budget and it would be difficult to find many large multi-million pound businesses that manage on such small administrative expenditure, and the constraints on management costs obviously make improved management difficult. The hospitals were large, poorly integrated and, at least as far as Guy's is concerned, the increase in size and complexity of the hospital made central management difficult to sustain. In 1948 there were 58 consultants whereas there are now over 200. When faced with difficulties and contracting resources co-operation between all staff becomes vital, but is difficult to promote if the institution is very large. The massive revenue reductions amount to a saving of nearly 40% of our budget for district services over the whole strategic period and nearly 25% is still required over the next few years in spite of considerable savings which have already been achieved. It is obvious that this cannot be done unless hospitals close, and the planning to achieve this needs to be developed.

1985 and the Future

Our response to our problems covers a wide area and incorporates some actions which are unique at least as far as the NHS is concerned.

The District Plan envisages the closure of four hospitals, namely New Cross, Hither Green, Sydenham Children's and Grove Park, with a concentration of acute services at Guy's and at Lewisham. It also more encouragingly involves a massive capital building programme in the community to provide residential accommodation, support services for the elderly, for the mentally ill and mentally and physically handicapped. If successful we shall have a model for the provision of community health care and co-operation between all health care workers in primary, community and hospital care which is compatible with the highest standards of practice, and an ideal service to improve the teaching and training for our students. The co-operation between hospital and community has improved considerably over the last years; in 1973 our perinatal mortality was way above the national average whereas it is now comparable which is a major advance for an inner city area.

The closure of Sydenham Children's Hospital will be offset and indeed the service will be advanced by the building of a Mothers and Children's Hospital integrated with Lewisham Hospital. This should enable the proper provision of the special services required for obstetrics and paediatrics at an economical cost because of the proximity to the district acute services. It is hoped that this unit will incorporate a regional paediatric surgical service and a university department of perinatology. The possibility for improvement in the paediatric provision by amalgamating the children's

services at Lewisham, Hither Green and Sydenham must be emphasised.

A massive building programme is envisaged at Lewisham Hospital and at Guy's. The so-called Phase III of Guy's rebuilding will be completed at an estimated cost of £25 million replacing Hunt's House, with new outpatient accommodation, day wards, in-patient wards including a new psychiatric facility, intensive care facilities and a new renal unit. The total capital expenditure for the district is estimated at £60 million and will be provided by the RHA and Government encouraged by the revenue saving potential involved in the closing of small hospitals. It is also likely to receive sympathetic consideration by the Special Trustees and to be facilitated by the generosity of a private donor.

We have responded to the Griffiths proposals on management in what we think is an imaginative way which will enable day-to-day management decisions to be taken within clinical units by people who are responsible for providing patient care and yet with clear lines of accountability and responsibility through unit and district managers to the District Health Authority. The system we have started to introduce and which we hope will be approved by the Region has not been tried before in the UK, but has operated successfully for 11 years at our sister teaching hospital, the Johns Hopkins in Baltimore, USA. 14 Clinical divisions have been created comprising surgery, medicine, paediatrics, obstetrics and gynaecology, dental, renal, oncology and radiotherapy, radiological services, pathology, anaesthetics, psychiatry, cardiac services, neurosciences, and orthopaedic and accident and emergency services. Each has a director who is a doctor and a management team of director, nurse manager and administrator. They will be responsible for organising their service including all personnel, doctors, nurses and other staff, equipment and day-to-day expenditure within a budget allocation. Increasingly centralised hospital services will be decentralised where this is appropriate in terms of efficiency, patient acceptability and staff morale. We hope that this will make us more efficient and more responsive to the needs of our patients and the NHS as well as facilitating teaching and research. In addition, we hope to introduce on an experimental and voluntary basis a system whereby each consultant will be responsible for monitoring the performance of his own team within an agreed budget allocation (PACT: Planning Agreement with Clinical Teams) and in order to provide the information required for this, extensive computer-based systems designed to satisfy the needs of individual departments are being installed at a total cost of nearly £1 million. These will provide information on patient activity, length of stay, bed occupancy, outpatient statistics and the cost of treatment. It should considerably improve the flow of information for clinical purposes as well as making the necessary administration and documentation involved in any patient attendance more efficient.

The clinical directors, Unit Administrator, nurse managers, finance and personnel officers will sit on a Hospital Management Board, chaired by a clinician. Obviously close working arrangements will be required between the clinicians and the administrators and indeed we believe that the system that has been devised satisfies the main thrust of the Griffiths

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recommendations to introduce doctors and other professional groups into a disciplined partnership within the general management process. This is not as easy as it may seem to those unfamiliar with the Health Service because each professional group and particularly the doctors who are finally responsible for patient care rightly regard their professional responsibilities as having primacy. We hope that the clinicians will be able to co-operate with the hard and difficult decisions that need to be made to ensure a minimum deleterious effect on patient care, but if the changes required prove unacceptable, then their implementation will finally require the authority of the District General Manager and the DHA. Indeed at the present time well over 100 beds have been closed at Guy's by the DHA because of the need to reduce expenditure.

We believe that the traditional separations of clinical activity such as between medicine and surgery are increasingly inappropriate for a hospital with wide responsibilities for delivering complex care, for teaching and research. Increasingly services will be organised on a functional basis with cardiac or renal or neurological cases, whether medical or surgical grouped together. We hope that our new buildings will improve our facilities for providing diagnostic and treatment services on an outpatient basis or during short planned admissions.

We need to ask what the NHS requires of us. A fundamental task is to provide high quality services easily accessible for our local population and the primary health care teams and family doctors working in Southwark. Large institutions can be forbidding and even when you are on the staff of Guy's the experience of needing treatment for oneself or one's family can be unnerving. We hope that the decentralisation will encourage easier access to our services and by increasing staff involvement will also encourage an informal, friendly, but efficient atmosphere. No one attending Guy's should be "lost" and it is up to us all, doctors, nurses, students, porters, clerical officers, and all other staff to make sure that no one is.

However we also have other responsibilities as a referral centre providing services which are too expensive or too complex to be provided in every district general hospital. These services change and we have a responsibility to assist this change by research and teaching. If patients with particular disorders are concentrated in certain institutions then that institution has an opportunity and a responsibility for research which is denied to other hospitals. Put simply if we do not do the research others cannot. The services provided at Guy's should be determined by a dialogue between the staff, the DHA, the Region and the DHSS, and when agreed they must be properly funded. This is a major problem at present, but we hope that with better information we can provide better arguments to solve our present difficulties. We need to do everything in our power to increase our budget both from the NHS and from our private sources. There is nothing basically wrong with the intentions of RAWP, but if patients are transferred to Guy's for treatment not available locally then the full cost of their treatment should be transferred with them. We also

need to argue for proper recompense for all our teaching responsibilities and therefore for the restoration of the full value of SIFT (see above).

This article has necessarily dealt with the provision of health services at Guy's, Lewisham, and in the community, but the importance of research and teaching has been emphasised, for without the academic base of the Medical and Dental School and the other teaching departments our ability to serve the NHS appropriately would be destroyed. The changes discussed have been accompanied by a radical restructuring of medical education achieved by the incorporation of Guy's and St. Thomas's Schools and the Royal Dental Hospital into the United Medical and Dental Schools. Close collaboration between the hospitals and schools is constant, necessary and inevitably also affects decisions concerning clinical services provided in the teaching hospitals.

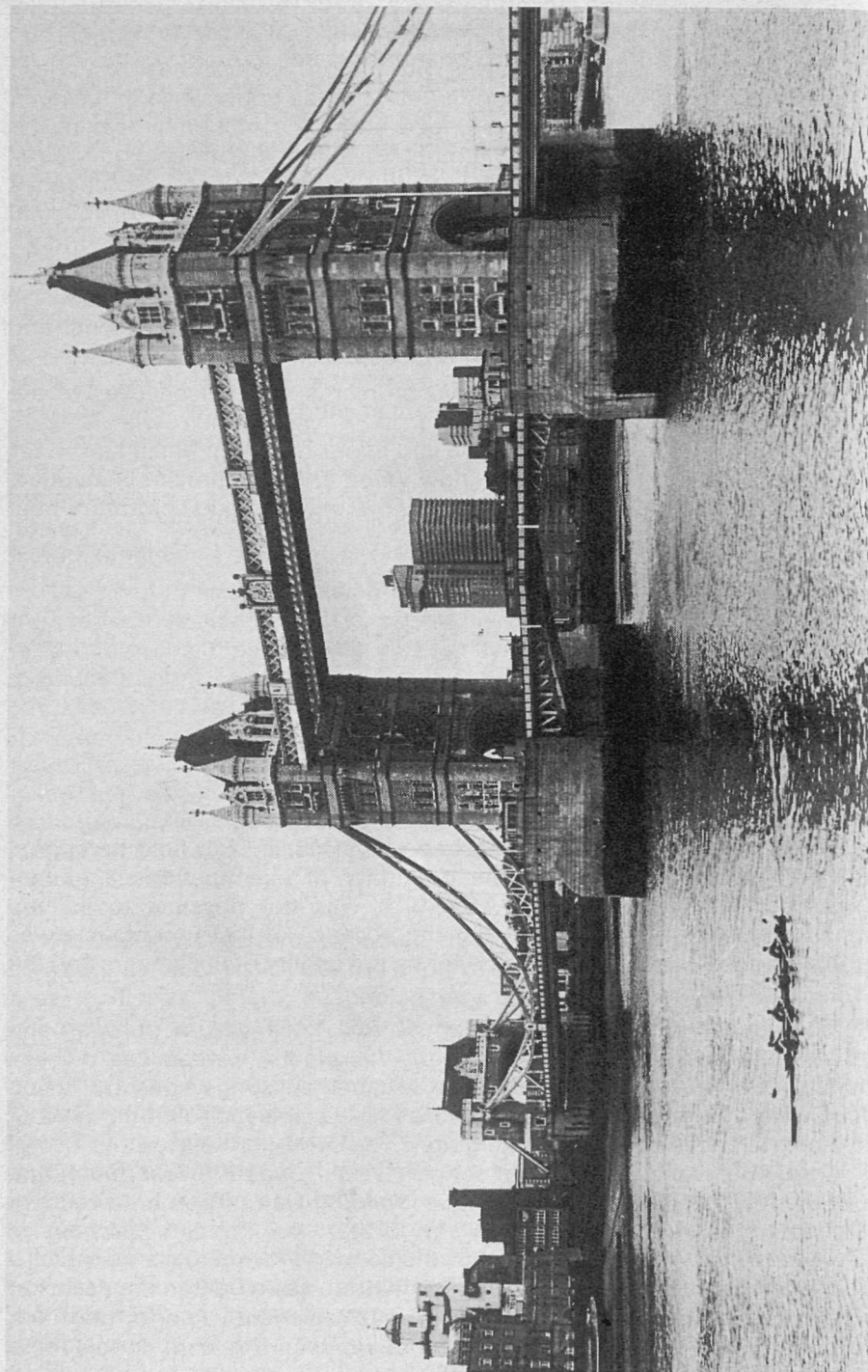
In summary we do face massive problems, but we believe we are responding to them vigorously and in a way which will lead to improvements in the care we provide and in our teaching. Much hard work will be necessary before we shall know whether our optimism is justified, but success will certainly require the support, criticism and commitment of all who work at Guy's.

The Music Club

reviewed by Professor M. N. Naylor

On Monday 17th June in the Chapel, the Music Club held its annual Summer Concert and despite the proximity of examinations a goodly number of members took part. Sadly, it was not possible to include orchestral works in the concert, but the absence of instrumentalists was more than adequately compensated for by the quality of the singers and the variety of the programme.

The concert opened with William Byrd's "*Ave Verum Corpus*" and Arthur Sullivan's arrangement of Ralph Vaughan's "*Linden Lea*". These choral pieces were followed by three Elizabethan songs sung by Alison Wearing, accompanied by John Edwards who displayed just one more of his many talents, this time on the guitar. The choir then performed two of Sir Arthur Sullivan's well-known songs, "*When Buds are Blooming*" and from the Mikado, "*Brightly Dawns our Wedding Day*". Then followed two traditional spiritual songs, "*Swing Low Sweet Chariot*" and "*Standin' in the Need of Prayer*". The first part of the concert was devoted to Purcell's "*Come ye Sons of Art*", a work originally written as an ode on the occasion of the birthday of Queen Mary. It was splendidly performed and thoroughly well supported by organ, oboe, recorder and double bass obligato.



845 Naval Air Squadron Row Past Tower Bridge in Aid of the Evelina Appeal

Although the audience was disappointingly small, those who were present enjoyed an excellent concert of "summer music" and greatly appreciated the vastly improved performance of the choral pieces, the credit for which must be attributed to the enthusiasm of the singers and the skill and wisdom of John Gant, the club's professional conductor.

Guy's Evelina Children's Hospital Appeal

by Michael and Peter Joseph

The Fleet Air Arm Row 145 Miles

An eight-strong team, comprising members of 845 Naval Air Squadron based at RNAS Yeovilton in Somerset, rowed the river Thames from its first navigable point at Lechlade in Wiltshire to Tower Bridge in aid of the Guy's Evelina Children's Hospital Appeal. The team set out on Monday 17th June and arrived at Tower Bridge, tired but triumphant, at about 10.15 am on Friday 21st June, berthing at the river police headquarters in Wapping, where the boat was taken apart by the crew and loaded onto the roof rack of their support truck. This marathon row was organised by Chief Petty Officer Keith Ovenden.

We do not yet know the total amount raised by the team, as a cheque presentation is being planned at Yeovilton in the near future. We congratulate warmly the Fleet Air team for completing this splendid project and are most grateful to them for helping our Appeal.

British Telecom Cross the Bridges

City area staff from the London Bridge Street offices of British Telecom recently donned fancy dress and did a ten mile walk across five Thames bridges – Tower Bridge, London Bridge, Southwark Bridge, Blackfriars Bridge and Westminster Bridge – in aid of the Children's Heart Unit at Guy's.

Dressed in various guises such as St. Trinian's pupils, gypsies, pirates, pilots, French maids and baby dolls, the 39 telephonists, secretaries, engineers and clerks, together with their children, raised more than £1,000 for the Children's Heart Unit.

The walkers also called on several pubs en route and collected £70 from customers. Linda Morgan, clerical assistant, who organised the walk, said, "We were delighted with the response." And so indeed are we; our special thanks go to the British Telecom walkers.

John O'Groats to Land's End on a Tandem

Readers will recall that Stephen and Liz Fisher, two medical students at Guy's (now both doctors – congratulations to them) successfully completed last week, 1st to 11th July, the first leg of their epic Tandem Ride – John O'Groats to London.

Thanks to modern technology, the Evelina Appeal Office were able to obtain direct a daily log of their progress. Here are some excerpts starting on Monday 1st July:

"Started 7 am, weather good, car and bike OK. Reached Inverness the previous night after doing 75 miles. Very encouraged by progress so far. Just setting off to be interviewed by Murray Firth Radio.

"Sorry we didn't call you yesterday. We had trouble getting through to switchboard . . . Stephen and Liz reached . . . after 60 miles against very strong headwinds and rain . . . they got as far as Perth which is their target for the evening, and then in fact polished off another 20 odd miles to do 80 in the day. Got to beyond Kinross so we are now nicely ahead of schedule after carrying on to Edinburgh and on into England for the weekend. It all goes very well. We have a lot of support and interest from people while we are cycling, motorists waving and this is helping us to keep going as we travel south.

"We started off with a pretty lousy day today coming down from Kinross to the Firth of Forth Bridge with lots of rain giving unpleasant cycling weather . . . but we knocked off the miles very well and arrived in Edinburgh about lunchtime today . . . We completed 80 miles and have nearly finished Scotland so things are going very well and the total is now 375 miles . . . and look forward to getting to Newcastle, York and Nottingham next week.

"We got to Newcastle which keeps us well on schedule, although it was quite a long day cycling down the A1. . . The wind has been changing, sometimes going behind Stephen."

On Sunday 14th July Stephen and Liz were joined by a large number of enthusiasts from Guy's Medical Staff and Guy's Cycling Club and elsewhere on the Guy's to Brighton cycle run before the intrepid pair start on the last section of the 1100 mile ride – London to Land's End. All this hard work and energy is being expended to raise funds for the Evelina Appeal. Our heart-felt gratitude to all those involved, especially of course Stephen and Liz, and David and Eileen Ashcroft who have been responsible for the excellent staff work for this project and also supporting the cyclists with their back-up vehicle.

The Sportsman's Aid Society aids Russell Brock

On Monday 17th June, Dr. Adrian Whiteson presented, on behalf of the Sportsman's Aid Society, a cheque for £30,000 to Mr. E. A. Rowe, O.B.E., Vice-Chairman of Lewisham and North Southwark Health Authority. This is the first of a series of donations, totalling £200,000, which will fund the creation of two new paediatric cardiac intensive care beds at Guy's. During the course of his reply, Mr. Rowe warmly thanked the Sportsman's Aid Society for their most generous support and interest.

The Sportsman's Aid Society was founded in 1938 by a small band of sportsmen to raise money for the dependants of the ninety-nine men who lost their lives when the submarine *Thetis* sank in Liverpool Bay. Since then, the Society has made donations to many charities and hospitals.

The new beds will be on Russell Brock Ward. At the presentation, Dr. Anthony Selman explained the logistical difficulties which make this such an expensive project. The ward is already intensively used, and a great deal of reorganisation is required. In addition, the sophisticated engineering and support systems associated with the beds (each has 26 electrical outlets) make this a very complex building operation.

It is planned to start work in September, and continue over a 16-week period while the other intensive care units remain fully operational. It is hoped that the new beds will be in use soon after Christmas 1985.

Michael Tynan, Professor of Paediatric Cardiology, explained that the project will double our paediatric cardiac intensive care capacity. Each cot will help to save the lives of more than 40 babies and children undergoing heart surgery each year. Further fund raising will, however, be needed to provide nursing care, which costs £45,000 a year for each bed.

Thomas Hodgkin, M.D.: A Reappraisal Part I

by Amalie M. Kass, B.A., M.Ed.

and

Edward H. Kass, M.D., Ph.D., F.R.C.P.

From the Channing Laboratory and the Countway Library of Medicine, Harvard Medical School and the Brigham and Women's Hospital, Boston, Massachusetts 02115, USA.

Presented at Guy's Hospital on the occasion of the unveiling of the plaque marking Dr. Hodgkin's former residence at 35 Bedford Square (15 July, 1985).

Professor E.H. Kass:

My wife, as I have said many times before, does not need me to speak for her, but we cannot let this opportunity go by without expressing our appreciation to Guy's Hospital, and especially to Mr. Bompas and to Dean Clark, for allowing us the honour of taking part in this ceremony. In paying tribute to Dr. Thomas Hodgkin, we are also recognizing his deep attachment to Guy's Hospital and to its medical school, which, as he once said, he was laboring to make the foremost in Britain. Hodgkin's friends and colleagues were numerous and drawn from the many fields that interested him, and to which he contributed. He walked easily among physicians and social reformers, ethnologists and geographers, diplomats and Aborigines, East End Jews and Syrian Arabs, educators and North American Indians, and all were objects of his boundless energy and deep sense of commitment.

We shall not attempt anything approaching a complete picture of Hodgkin. To do so would require so much detail and so many analyses and anecdotes that any audience, kindly disposed to sit through such a display, would necessarily find itself recalling George Bernard Shaw's unkind description of one of Brahms' compositions, as being like listening to paint drying.

Instead we shall offer a few examples of his numerous contributions try to put them into some context of his time, and, perhaps, indicate that under it all, the human progress that he strove to achieve uncovers still more that must be done, and still greater challenges for the future – "*plus ça change . . .*"

Thomas Hodgkin's story is the not unusual one in Britain of the rise of the yeomanry. His family on his father's side is first recorded in the village of Shutford in Oxfordshire, where two Hodgkin brothers, Thomas and John, yeoman farmers, were "convinced" to become members of the illegal Society of Friends, perhaps by George Fox himself, for we know that Fox preached in Oxfordshire and recorded his pleasure at his success there. The Banbury Meeting for Sufferings records the many difficulties the brothers experienced on religious grounds. On his mother's side, the Rickman family were from Lewes, in East Sussex, where they too had established themselves first as farmers and then as merchants and coal dealers, with an apothecary surgeon among them. On the Hodgkin side, his forebears moved to Shipston on Stour, where his grandfather, John, became a wool-stapler, and prospered. His great uncle, Thomas, was a master at Ackworth School, the school for Friends founded largely through the efforts of David Barclay, of banking fame, and Dr. John Fothergill, the first Quaker to have become prominent as a physician, rather than as an apothecary. Elizabeth Rickman, the mother of the physician whom we honour today, was a pupil at Ackworth School, and John Hodgkin, his father, at one time assisted his uncle there, and perhaps he and Elizabeth first met there.

You have already come to appreciate that historical and familial ties won over the creative in the assignment of names, and if you are bewildered by the profusion of Thomases, Johns and Elizabeths that will tumble before you, you will understand why some historians managed also to confuse one with the other.

We shall refer to the physician's father as John Hodgkin, Sr. He was a noted calligrapher, a competent geometer, a teacher of Latin and Greek, specializing in teaching fashionable young ladies, and was a man of sunny and robust temperament, conferring his physical energy on his sons. He and Elizabeth had four children, two of whom died in childhood, inspiring everlasting grief and apprehension in their mother. The two surviving boys, Thomas and John, Jr., who later became a prominent barrister, were close friends, and John, somewhat more worldly than his older brother, was a constant guide, advisor and protector of his more impetuous and idealistic brother.

Both were born in Pentonville, Thomas in 1798, and John slightly less than two years later. London was growing daily. Reform and enlightenment were in the air, as were the dismal effects of the uncontrolled migration, crowding and disease that accompanied the largely unregulated growth of this great city. The Society of Friends, having emerged from a century of rural quietism, had begun to prosper in business, banking, and many trades often as apothecaries and chemists.

The Hodgkin family moved to Tottenham when Thomas was 16. The education of the boys had been supplied largely by a French tutor and by their father. In Tottenham lived many Quaker notables such as Luke Howard, apothecary and chemist, who was elected to the Royal Society because of his pioneering meteorological studies. It was he who named the clouds cumulus, nimbus, etc. relating these formations to the weather patterns, which he observed while he drove his buggy to London from his factory where he prepared medicinals of high quality for sale to retailing apothecaries. Luke Howard's daughter, also Elizabeth, was destined to be the first wife of John Hodgkin, Jr. The physician had no children, but his brother John whose first two wives died in childbirth, and whose third wife lived in mortal fear during each of her six pregnancies, sired a total of eleven living children and from these descend the distinguished Hodgkin family of today.

As a boy Thomas already showed his scientific bent and manual skill. He constructed a static electricity apparatus when these were quite new, and, shortly after Volta's discovery, built a battery out of nine one-gallon jars. He was fond of woodworking and characteristically later sent his woodworking tools to a tribe of North American Indians.

Among the other family friends, several, in addition to Luke Howard, influenced the young man, none more than William Allen. Allen, one of the most prominent Quaker scientists and philanthropists, was an apothecary and was, for a time, the senior partner to Luke Howard. Allen was elected to the Royal Society for his pioneering experiments with Pepys on the utilization of oxygen and the sources of carbon dioxide during respiration. Allen lectured on chemistry and natural philosophy at Guy's Hospital and also was one of the leading philanthropists of his time. He set up model industrial communities, schools for educating and training the poor, worked vigorously to oppose slavery and was involved in numerous related social reforms. Thomas, now 17, became Allen's personal secretary, assisting in the chemical demonstrations for the pupils at Guy's and taking notes on Allen's many philanthropic discussions. During this experience, Thomas began to formulate the ideas that later were incorporated into his lengthy *Essay on Civilization*, about which more later.

Although Thomas had hoped to become an apprentice in William Allen's firm, for various reasons this did not occur. The young man instead served a two years apprenticeship with his mother's cousin, John Glaisyer, a retail apothecary in Brighton. This had the advantage of bringing him closer to his mother's family in Lewes, which was nine miles away and brought him particularly close to his cousin Sarah Godlee.

The young man's intellectual and physical energy were already becoming somewhat legendary. The Glaisyers, although admiring his accomplishments, had some difficulty in understanding an apprentice who worked the obligatory nine a.m. to nine p.m. and then studied mathematics, chemistry and languages, sometimes until three a.m., often writing to his brother in Latin in order to remain facile with that language. Even less could they comprehend why this otherwise sober young relative should be seen tearing around the streets of Brighton in a velocipede, coat-tails flying. The limit was reached one day when, in a fit of youthful exuberance, he ran the nine miles from Lewes to Brighton, to the considerable apprehension of his elders. On Sundays, after meeting, young Hodgkin often explored the seaside cliffs, sometimes accompanied by cousin Sarah.

Geology was a particularly attractive interest, as it was to so many young intellectuals of the time. Geologists were among the first to challenge strict biblical interpretations of creationism on scientific grounds, by showing that the earth had to be many millions of years old. No wonder that Richard Bright, Samuel Morton, and many others were first attracted to this fermenting field. Thomas had come to know William Phillips and his brother Richard, who were Quaker friends of the family. Both brothers were apothecaries, William was also a bookseller and both were pioneer geologists. Richard, perhaps the first geological chemist, was the chief force in the founding of The Geological Society and what is now the Geological Museum of the splendid Museum of Natural History in London.

In one series of observations, Thomas confirmed an idea of William Phillips's about a specific formation in the chalk cliffs, and the observation earned for young Hodgkin a lengthy footnote and recognition in Phillips's widely hailed book on geology.

Late in his apprenticeship, Thomas decided on a medical degree. It was not an easy decision since it meant leaving England. At that time only Oxford and Cambridge conferred degrees in England and these universities required adherence to the Articles of Faith of the Church of England, thus excluding dissenters, Roman Catholics and Jews. Protestants generally went to the Scottish universities or to Leiden. Catholics went to France, Italy or to the Catholic Universities of the Netherlands. The rare Jew hoping to receive a medical degree fitted in wherever the doors were open a crack.

Thomas chose Edinburgh, undoubtedly the most renowned medical school in Britain at that time, but first spent a year "walking the wards" at Guy's, having enrolled first as an Annual and a few months later as a Perpetual Pupil. He did not need to repeat the courses in chemistry and natural philosophy because of his association with William Allen, so he spent much of his extra time in the dissecting room and in the lectures and demonstrations of the surgeon, Astley Cooper, who was later to be knighted for performing minor surgery on the scalp of the King.

During his time in Edinburgh, Thomas journeyed to Paris as did a small number of British, American and continental students and young physicians. After Waterloo had brought peace, the enormous medical progress that had been made in France, beginning at the turn of the century, was attracting the more research-minded and venturesome young physicians and students.

In France, autopsies could be performed on all who died in hospital, whereas in Britain, only bodies of executed criminals were readily available. Others could become available with permission from the family, but such permission was, under the circumstances, rarely granted. This was a major reason for the grave robbing. Availability of bodies for dissection fostered the growth of pathology, with its correlation to clinical examination.

In Paris, Thomas spent much of his spare time in the dissecting room, studying the lessons that were being passed along from the work of Bichat and the many other French pioneers such as Courvisart, Magendie, Dupuytren, and others. He fell particularly under the spell of Laennec and was destined to return to study under that master following the completion of his studies in Edinburgh. After this year in France, he returned briefly to Guy's, introduced the stethoscope to the Physical Society and, from his own account, to the London hospitals. When he returned to Edinburgh, for his last year, Hodgkin wrote a lengthy dissertation on absorptive functions, trying to piece together the voluminous and often conflicting literature on absorption. He was commended for his Latin and presumably also for his careful and complete review of the literature, which involved wide reading and many citations of continental as well as British observers. It was stated in public that this was the work of a master and not of a pupil. In the dissertation, Hodgkin ventured as a new hypothesis the idea that the veins absorbed acidic and the lacteals alkaline substances and was not hesitant in criticizing the perceived inadequacies of earlier observations and conclusions. While he was a medical student he wrote his first paper on the spleen, describing what are undoubtedly infarcted spleens.

He then embarked on his second journey to the continent, having had the opportunity to become the personal physician to Abraham Montefiore, who was dying of tuberculosis, and about whom you will hear more later. Upon his return to London in 1825, after extensive study under Laennec, studies so complete that Laennec specifically mentions Hodgkin along with others in the preface of the 2nd edition of his book, Hodgkin was offered the post of Clinical Clerk and Curator of the Pathological Museum at Guy's. He also became a physician to the London Dispensary. Guy's was just breaking away from St. Thomas's and setting up its own medical school, a move undoubtedly fired by the ambitions of Benjamin (King) Harrison, the redoubtable, ambitious and authoritarian Treasurer of the Hospital and later of the Medical School. The setting up of the new school was also clearly encouraged by Sir Astley Cooper who by now had become one of the most renowned surgeons in England. As a student, Hodgkin had attracted the attention of Cooper who had written a strong letter of recommendation to Edinburgh on his behalf. Cooper, a master teacher,

recognized the value of a pathological museum for the new medical school and Harrison was supportive of the idea. St. Thomas's had a rather poor and miserable dissecting room, although the parent hospital had retained Cooper's collection of dissections.

Hodgkin set about building up the enterprise and becoming a teacher. He now performed a large number of autopsies. The autopsy books show how relatively few had been performed, mostly by various surgeons, before he came. A large number of books full of material, after his arrival, attest amply to his energy and commitment. Many of the autopsies of patients of Richard Bright's and of many others on the Guy's staff were in fact performed by Hodgkin, and this is duly recognized in some of their papers that we now consider classics. Of Hodgkin's other medical contributions, I shall list only a few.

Hodgkin worked closely with Joseph Towne and suggested the wax models, based on models he had seen in Bologna.

An early study was with Joseph Lister, a Quaker wine merchant who was the father of the great surgeon and whose hobby was grinding lenses. The problem of chromatic aberration had already been solved for telescopes. Lister succeeded in producing the first achromatic microscope. Using this new instrument, Lister and Hodgkin observed a number of tissues and other materials. Perhaps most notable of these observations was the definitive description of the erythrocyte, settling once and for all their biconcave structure. They also were the first to describe the striations in voluntary muscle and correctly surmised that the differences in the interval between striations were due to differences in the degree of contraction of the muscles.

At Guy's, Hodgkin began a course of lectures on pathology that are probably the first systematic lectures in this subject given in England. These became the basis for his two later books. A third book in the series was never completed. Hodgkin also published a catalogue of the new museum in 1829, only four years after he had started it, giving his classification of disease. Hodgkin's preparations and notes are still available in the Museum.

In 1832, an outbreak of cholera occurred in an alley near Guy's Hospital. A student at the time, T. Channing Pearse, whose father was a surgeon, wrote home saying that as the outbreak spread, most students and faculty fled the city. The student decided to remain with Dr. Hodgkin who was doing the same. Together they attended the patients who were ill with the dreaded disease. Later, Hodgkin wrote an important paper on cholera in which he pointed out that although the disease was probably caused by contagion, it did not spread from patient to patient and hence patients with cholera did not need to be isolated or quarantined. He also made the point that cholera was a disease of the poor and that the key to the relief of the disease was alleviation of poverty. Then, quite typically, he went on in the paper to work out a scheme whereby railroad and other public works could be undertaken with governmental support to give work to the poor and thus prevent much disease and distress.

Dental Notes

by Mr. A. D. Robinson and Dr. S. J. Challacombe

Congratulations to Miss A. E. Capon on winning the British Dental Association/Dentsply Student Clinician Prize for 1985. Each dental school in the U.K. enters one presentation. This is the first occasion in the five years of the competition that it has been won by a Guy's student and Miss Capon now wins a trip to the U.S.A. to compete against the American Schools.

Her presentation was entitled:

"Early innervation of mouse palate in relation to the development of rugae" and is summarised below:

"The adult mouse hard palate bears a series of elevations or rugae. The development of these rugae was examined and the relationship between sensory nerves and rugae investigated both in the adult and during development.

"The adult innervation pattern, revealed in whole mounts using Sihler's technique, showed palatine nerves to be intimately related to the rugae. Light microscopy of silver-stained embryos aged between 11 and 16 days of intra-uterine life demonstrated the presence of nerves in the palatal shelves by day 11 (E11). A repeated pattern of branches from the main nerve trunk was seen to ramify towards the oral epithelium. Where approximation between nerve branches and oral epithelium was observed, a thickening of the epithelium occurred. Such areas of epithelial proliferation mark the site at which a ruga will form. During E11 and E12 the intimate association between nerves and rugae was confined to the anterior region of the palatal shelves. Nerves were not observed close to the epithelium in the posterior area of the shelves until E13.

"Using scanning electron microscopy rugae were first seen on the palatal shelves at E13 when five of them were present. The posterior three rugae did not appear until E14 suggesting that development may occur in an antero-posterior sequence.

"The results of this study show that nerves are both temporally and spatially disposed to exercise an inductive influence on the oral epithelium."

The 1985 Dental Society Annual Dinner and Ball

Following extensive investigations by the Communicable Disease Surveillance Centre at Colindale as to the cause of the food poisoning which many members and their guests suffered following the Annual Dinner and Ball on the 2nd March 1985, no firm conclusions have been forthcoming – except that the salmon was contaminated at source in Alaska. The Local Authority are thus not contemplating any prosecution against the Hotel.

However, as a mark of goodwill the Hotel has kindly agreed to a substantial discount on the Society's bill for this occasion and it is our intention to invest this sum and use the interest annually to assist students making overseas elective visits.

As it is appreciated that some members may not approve of this action, if they would care to send a note, together with a stamped, addressed envelope to Dr. David Brown at the Dental School, he will supply them with a form on which they may claim back that portion of the ticket money which has not already been spent. This will amount to £11.70 per head. Such refunds will, of course, deplete the sum to be invested and thus reduce the amount produced for the elective awards.

Physiotherapy

July has produced its customary variations of temperature, rainfall, success and failure. The Lord's Test, the Henley Regatta, the Lawn Tennis Championships – and qualifying examinations for a multitude of different people at different standards and of different degrees of importance – though not so to them, no doubt.

We have seen physiotherapy listed among the poor prospects for achieving Mr. Hattersley's Bloody Rich criterion on the same day that a 17 year old became a D-mark millionaire. This despite a Pay Review award which looked extraordinarily good, and which gave the most to the middle ranks – the Seniors and lower grade Superintendents – and the least to the most numerous – the newly-qualified – and the least numerous – the District Physiotherapists and Principals (Shame!).

Marking scripts, scrutinising the marking of others, examining practical tests, attending examination boards charged with compiling pass/fail lists which mean admission to or rejection from the ranks of the qualified are the lot of senior teachers in all the professions. By the time this is published, there will be some disappointed candidates, from Guy's as from all the other physiotherapy schools, and no doubt there will be some dissatisfactions and recriminations against Them – who are really Us, of course. Nothing is going to assuage the hurt of that disappointment – though later a sense of justice may make it more tolerable – but it is worth observing that the standards set become more and more difficult to attain year by year. Those who fail this year may well have succeeded with the same answers five years ago, and may have done so, *summa cum laude*, twenty-five years ago.

We are still in a transition phase educationally speaking, and the gap is widening between the achievement of those with a good solid pre-entry educational background and those who made it to the starting-line with the minimum acceptable grades. Arguably, this is wrong, but for all that, it is unarguably true. It all depends on the philosophy that one perceives to underlie the work that we do – and the work that we ought to do. There has

been a great deal of opposition to the concept of a two – or even multi-tiered profession, and with such a small number overall this could be seen to be sensible and just. But if we look closely at our colleagues, we are bound to admit that some are enormously more equal than others, no matter what their Whitley gradings would have us believe.

By the same token, marking scripts and listening to vivas leave one with no doubt that the level at which some students are working is vastly different from that of others – fourth-form and honours degree, would not be too wild a comparison. It is conceivable that the fourth-form level qualifier – and some will pass at that standard – has a valuable role to play, though it is a costly way of equipping her to play it. It is also conceivable that if we are aiming for honours-graduate standards and awarding an unrecognised diploma for achieving them, we are about to price ourselves out of the educational market.

We have an opportunity at Guy's, handed to us by misfortune, perhaps, but none the less real for that. We have to reduce the size of our annual intake. We have been accepting applicants who have what we see to be desirable personal qualities even if their academic achievements have not been that good. We are now intending to take only those – still with the appropriate personal attributes – who have a good academic "score". Will we, years hence, produce Bloody Rich Becker – types? OK, ja, perhaps?

Ronald Cooper

Correspondence

Professor Tulley

Dear Sir,

Professor Tulley will be retiring at the end of this September and will have completed 42 years at Guy's as a student, orthodontist and latterly as Dean of Dental Studies.

There must be many of your readers who would like to contribute to a farewell presentation to mark his distinguished contributions to the Dental School, not least of which has been his skill and diplomacy in effecting the merger with the 'Royal'.

Contributions may be sent to me (cheques should be made payable to "The United Medical and Dental Schools").

Yours sincerely,
A.H.R. ROWE
Professor
Dept. of Conservative
Dental Surgery

Eugene Stirs from His Slumber

Dear Sir,

The cover illustration of June 1985 bears a striking resemblance to that of October 1981. I wonder if, by any chance, they are related?

Yours sincerely,
EUGENE BORE

Guy's Men

Dear Sir,

I was delighted to receive the note from your Assistant Editor (whose name I cannot decipher), setting out how papers from Guy's men were noted for the *Gazette*. As the majority of Guy's men are working away from Guy's, it would seem that you will only pick up the minority of papers published by them if only those working at Guy's are acknowledged. Obviously it would be impossible to pick out who in fact were Guy's men when looking through the many maga-

zines that are published, but the present method does give the impression that either nobody else is actually involved in research and publications, or that they are of no importance once they leave Guy's.

May I suggest that you head the list with a note to say these represent only publications from Guy's men working actually at

Guy's Hospital, and that in future you will be grateful if Guy's men working outside Guy's would automatically notify you of their publications. At least they could have no complaint that they are ignored.

Yours sincerely,
LIONEL BALFOUR-LYNN
MA, MD(Camb), DCH

Book Reviews

"The Social and Psychological Origins of the Climacteric Syndrome" by J. G. Green; 18th Edn.; Pp 247; £18.45; Cover: Hard; Published by Gower

For a practical clinician attempting to deal with the problems of the menopausal patients the thinking, and especially the language, of the social psychologist is difficult if not positively esoteric. This monograph is a case in point. The author describes himself, not too succinctly, as a "behavioural scientist whose applied experience is that of a clinician within a health service setting" and then proceeds to examine, as the title suggests, the social and psychological background of the climacteric in the same style. Throughout most of the book this is done by reviewing the work of other researchers, examining critically the design of their research and drawing conclusions, so far as is possible, from these sources. He goes on to describe his own work which studied the relationship between "life events" and symptomatology among a sample of climacteric women in Glasgow.

Not easy to read, except perhaps for the social scientist, the book nevertheless does bring out points which are of value to the gynaecologist – although many are a reiteration of what we thought we knew anyway. For example, an emphatic distinction is correctly made between the menopause and the climacteric pointing out that the menopause is merely an event in the climacteric process which is the transition from the reproductive to the non-reproductive phase of life. Distinction is then drawn between symptoms of oestrogen deficiency (a menopause effect), namely, vasomotor symptoms and atrophic vaginitis, and climacteric symptomatology which can be wide ranging and may have a variety of origins – oestrogen lack, ageing, socio-cultural and so on.

One useful concept, which is put forward, is the idea of vulnerability of this age group. This means, in effect, that the climacteric and menopause act more in an exacerbating way – not as primary aetiological factors.

The book is interesting for the student of climacteric problems and certainly is a model of scholarly thinking and presentation for any reader.

The working gynaecologist – even in the context of a menopausal clinic – may, I suspect, be tempted to say "so what?" However, if increased knowledge and insight help in any way to manage a clinical problem this book is worthwhile reading.

Miss M. ANDERSON
Consultant
Dept. Obstetrics and Gynaecology

"Bailliere's Nurses' Dictionary" by Kasner and Tindall 20th Edn; Pp 520; £1.95; Cover: soft. Published by Bailliere Tindall

This twentieth edition of Bailliere's Nurses' Dictionary has been radically revised and enlarged and will provide sound competition for the Pocket Dictionary from the Oxford University Press.

This dictionary contains approximately 8,000 entries, each with pronunciation guide and contains several finely drawn illustrations. The Reference Section contains 21 chapters including First Aid and Bandaging, Fluids, Electrolytes and Transfusion Fluids, Drugs and their control and the Nurse and the Law.

The many new illustrations and reference section add to the usefulness of this small, but comprehensive dictionary. At £1.95 this is remarkable value for money.

N. THISLETON
Senior Nurse Tutor

"Modern Medicine: A textbook for students" by A. F. Read et al.; 3rd Edn; Pp 710; Cover: soft; Published by Pitman.

It might be regarded as rather rash to entitle a book *Modern Medicine* when you need to collect manuscripts from twenty-nine authors and endure the seemingly interminable delays involved in publishing. However, Read, Barritt and Langton-Hewer from Bristol have produced a commendably updated version of their student textbook. The second edition came out in 1979 and so a new edition was certainly due.

This book is in the middle range of medical textbooks, where its main competitors are the Guy's green book and Davidson. All these books are showing signs of middle aged spread and although *Modern Medicine* has increased in length by about fifty pages only, its shape makes it rather unwieldy.

There are more illustrations, particularly photographs, in this edition. Line drawings showing the features of specific conditions are retained, but these have a rather old-fashioned look to them. Apart from the man with diarrhoea disappearing into the Gents, all the patients in the drawings look rather bored, and the patient with scurvy appears to be yawning to show his gums.

The use of twenty-nine contributors to help the three editions makes for some variation in style and a little conflict of fact. The format of the chapters is kept consistent, with major symptoms first and similar subheadings. There has been a considerable improvement in the index in this edition, and there is one new chapter on environmental factors and disease.

Overall this is a well produced textbook containing enough information for Finals in an accessible form. It has no particular virtue to push it ahead of its competitors, which include the local product in its 1985 edition.

JOHN REES
Clinical Tutor

"Multiple Choice Questions in Biochemistry" by H. Hassall, et al 1st Edn; Pp.: 250, £2.50. Cover: soft. Published by: Pitman.

Although (for practising clinicians) even more appropriate for self-abuse than "MCQ's in Psychiatry" (Book Reviews, *Gazette*, April 1985), use of this book will prove valuable to pre-clinical students. Its authors, from the educationally progressive Leeds Biochemistry Department, are to be

congratulated on its production. Firstly, the format of the questions, i.e. stem + five statements each of which is either true or false, is the same as that used in the Part I Biochemistry exam. Secondly, much of the material examined is very similar to that taught in the UMDS Biochemistry course and will thus be useful for pre-exam revision on an individual or group basis.

Inevitably comparisons will be drawn with an identically named book by Drs O'Sullivan and Smith (Middlesex), published in 1980. Both books divide the questions into topics and the prospective purchaser may choose between 112 questions for £2.50 (Middlesex) and 200 questions for £5.95 (Leeds). Both books provide answers with explanatory comments and here the cheaper book scores in its layout since the answers are printed opposite the questions and may more easily be covered. However the newer, Leeds book has, in addition, ten tests, each of twenty randomly chosen questions, printed remote from their answers so that page covering is unnecessary.

It should be noted that some second year topics, porphyrins and steroids for example, receive scant treatment while the section on Plant Biochemistry will have little appeal for medical students. Physiological colleagues would disapprovingly mutter "teleology" should they read statements such as "the pigment, melanin, is present in skin in order to absorb UV radiation to protect underlying structures". However, such criticisms aside, substitution of water for beer for one or at most two evenings, will afford students the means to purchase this useful little volume.

Dr. A. R. TAMMAR
Lecturer,
Dept Biochemistry

"People with Epilepsy" by S. V. Laidlaw and J. Laidlaw. 1st Edn; Pp 177; £4.95; Cover: soft; Published by Churchill Livingstone.

This is the third of a trilogy on epilepsy. *The Textbook of Epilepsy* edited by Laidlaw and Richens is a well established reference book for doctors. *Epilepsy Explained* by Laidlaw and Laidlaw is for patients with epilepsy. The authors have written this third volume for nurses, social workers and other non-medics and para-medics who have to deal with patients with epilepsy or who regularly come into contact with them.

Medical terminology has been avoided, but this often results in explanations of unnecessary complication and the use of

terms not readily identifiable by doctors. For example, what exactly are the "inner and outer zones of the brain"? There must be a corollary to the saying that a good diagram is worth pages of print, many of the diagrams in this book are less than helpful and often confusing. The inclusion of small strips of EEG is also of doubtful value when not accompanied by the normal for comparison or any indication of montage or even which channels are right and left.

The authors have chosen a very difficult brief since the medical education of the intended readers will vary widely. They have attempted to walk the narrow path between being too medical and technical, and too simple; regrettably they have not been very successful.

Dr. M. D. O'BRIEN
Consultant,
Dept. of Neurology

"Smoking and Ageing" by R. Bosse and C. L. Rose. 1st Edn; Pp 256; £32.00; Cover: soft. Published by Lexington.

This is a rather specialised book, by several authors that sets out to review the relationship between smoking and normal ageing as distinct from age-related disease. The book does not entirely succeed in achieving its stated aim, but it does provide an extensive review of current, mainly American, epidemiological data related to smoking.

In the first chapter the editors themselves attempt to explain the differences between, and the limitations of, various epidemiological methods; one is easily overwhelmed by cohort, survivor, period and secular effects, and not all terms are defined before they are used. In the final chapter the editors admit what has by then become obvious: that studies of the relationship between smoking and normal aging are rare, and that aging is difficult to "operationalize" as a dependent variable (i.e. which aspects do you measure?).

The remainder of the book is more conventional and (therefore?) more approachable. Usefully reviewed are the effects of smoking upon oral health, upon pulmonary function and its normal decline with age (including the effects of passive smoking), upon asthma and chronic airways obstruction and upon ischaemic heart disease. The potential increase in average life expectancy to be obtained by worldwide smoking cessation is found to be limited to 2 to 3 years, the

effects of smoking and ageing upon drug metabolism are reviewed (the principles illustrated are more relevant to clinical practice than the examples chosen), we discover that there is surprisingly little undisputed evidence about the relationships between smoking and age, sex, personality or socio-economic status, and the usefulness of different smoking-cessation strategies is found to vary according to the age and personality of the subject.

This is a rather expensive book and is clearly aimed at graduates with a special interest in the epidemiology of smoking, for whom its extensive lists of references will doubtless prove useful; others should consult the book in a library.

IAN STARKE
Dept. of Medicine

"Hand Conditions" by D. W. Lamb and G. Harper. 1st Edn; Pp 105; Cover: soft. Published by Churchill Livingstone.

This book is one of a series in colour aids by Churchill Livingstone. The book is of the size that would conveniently fit into any Casualty Officer's white coat pocket. Unfortunately I have had no indication as to the cost of this very neat looking small book which is only 106 pages long. Mr. Lamb is a Hand Surgeon with an international reputation and is widely recognised as being a very conscientious and thorough surgeon with an eye for detail.

The contents of the book on Hand Conditions covers all the main types of disease that can affect the hand. There is in this small book an enormous amount of information and a wide variety of excellent colour illustrations which have been beautifully displayed. I think that this is a very valuable contribution to any practising Orthopaedic Surgeon's personal library and possibly of great use to both medical students and Casualty Officers alike. The text and illustrations complement each other very well and this is a most enjoyable and useful book to have around. I have no hesitation in recommending it as I think it is one of the best books of its kind.

JOHN SPENCER
Consultant
Dept. Orthopaedics

CRICKET CLUB

Cricket Tour to Oxford

May Bank Holiday Weekend

After last year's over-ratting of acquaintance, when everybody got very wet, great expectations were had of the weather – some hope. Anyway, the ill-fated tour to Oxford left from the Bloodie's on a surprisingly fine Friday afternoon. Brink predictably having succeeded in cocking-up Friday's alleged fixture. Nigel drank one pint and was out of his head for the whole day. White's Grounds was well represented with the Pasta Brothers – one escaping from marital ties, and one escaping from his straight jacket – Ante and Pro looking menacing. Somebody must have been very drunk in the bar the night before as Richard Capp had been invited, and what's more appeared, in suitably tasteful attire. Shan-non looked very ill.

And so to the journey. The bus looked worried on observing the large number of Spirochaetes on tour – it's strange, but which ever Guy's Sports Club goes on tour, there are always the same people making up the tour party. After about a mile it was noted that Farmery had been kidnapped, but nobody could remember why. After the necessary beer-stop had occurred serious abuse was undertaken with the drunken Marchbank being quite possibly the most unpleasant person that anybody had ever met (what's new). Open car windows were treated to the culinary delights of the Pasta Brothers. One especially peeved driver appeared rather menacing so Nigel thought he'd better take control and ran away very convincingly when greeted with a baseball bat.

Having reached Acton the pleas of the kidnapped Farmery reached fever pitch. The prisoner informed us that he had finals on the Monday even though it was a Bank Holiday. Surely Farmery is the only man who could do a BSc for a year and not know when his finals are. He was allowed to leave the bus in order to make a telephone call. Obviously everyone on board knew that this was a pathetic attempt to escape, but we drove off anyway. Bye, bye Andy.

Arrived at Oxford 7pm. That fine leader

Brink ran home to mummy for his boiled egg and soldiers with a glass of warm milk.

The projected ale house for the evening was a well known haunt – the Turf Tavern. Brilliant organisation and planning resulted in Nigel and Gavin being at each others' throats immediately on arrival at the hotel – this diversion was enough for the rest of the party to sneak off to the pub and lose the aforementioned duo for the whole evening – what a brilliant manoeuvre.

Very, very large amounts of beer were drunk as everybody showed considerable ineptitude at every possible drinking game. Cieslecki was so incompetent that he had to be banned from the games and content himself with Anglo-American diplomacy, although after a while this was also curtailed by the committee. Farmery showed us that he is also a skilled wayfarer by arriving at the very pub having hitched from Acton. How he got there is still one of the world's great unsolved mysteries, although I am told the police were involved – aren't they always. Surely this defeats the whole purpose of the kidnap . . .

At the end of the evening the boys treated the populus to a little sing-a-long to the accompaniment of some local peasants. The furniture then started to disintegrate and we were politely asked to leave. The obvious path now was to return to the scene of last year's carnage – the Hertford Bar, home of tomorrow's oppo. I don't know what they were complaining about, we even provided our own bucket. The meathead eventually got fed up being abused by a schizophrenic so we gave him YYY to have a go at, which he did – enter John Radcliffe casualty. The man on the gate was treated to Pocock's salivary incontinence. The journey back to the hotel was achieved on push bikes – thank you Wadham College.

First morning. Schedule v. Hertford College, having stuffed them last year. Shock, horror, sunshine. Arrive at ground to be greeted by only five oppo'. Apparently, we had been so TOSD the night before they were refusing to play us. Is this a first in Guy's history? – all those involved should be well proud of themselves. The only possible course of action for the afternoon was to get horrendously drunk and go punting, prefer-

ably at the same time. Vast quantities of Pimms were purchased and the Pimms Lemon Lolly Cocktail (Pi.L.L.Ock) was invented by Cieslecki. Punting commenced in three separate punts, some punters being drunk, some being terrified, and some being terrified and drunk – I don't think there were any other combinations, apart from Tom who is just a mummy's boy at heart. Punters that were downstream soon heard of the menace that was rapidly approaching, but basically, if somebody in the neighbouring punt wants to completely cover you in water then there is not a lot you can do about it – ask Mark Alner, he should know. I think the public should be informed of what goes on along the river at Oxford. Grown men parade totally naked in front of impressionable young females along a hundred yard stretch. It really is one of the most disgusting sights you will ever see, after all this is England, let alone Oxford. Needless to say, Dickinson and Farmery fell in – the former because of puntorial incompetence, and the latter because, well, he would, wouldn't he?

At the end of a seemingly endless punting session the boys were treated to a theatrical display of the highest quality. This bloke was being given a bit of stick from his now,

apparently, ex-girlfriend. After some verbal grappling she stormed off ahead of him – this precipitated a chorus of abuse from the bus and a familiar gesture in return from the jilted boyfriend. This scene was, I can assure you, very funny.

That evening was, compared to the first, fairly quiet. One point, however, has to be mentioned. Our esteemed captain again led by example and decided to go home to mummy. Do you realise what this means – The captain of a touring side went home to mummy two evenings in succession. This is surely one of the most heinous crimes ever committed. Can this man ever be taken seriously again. Needless to say, the bikes from Wadham College again provided the means of transport, not the same ones you understand, although on this occasion, some members of the tour party were able to supplement their summer wardrobes courtesy of the conveniently placed Wadham laundry. Curry.

Second morning – sunny again. Brink rings up from the comfort of his luxury home and informs us that he has organised a morning start – what does he think this is, a test match? Mutterings of discontent were muttered and groans were groaned –



A washed-out Team:–

*standing: Gardner, Tucker, Brink, Carruthers, McGuckin, Pocock
squatting: Shannon, Thomas, Marchbank, Dickinson, Davies
bare: Capp.*

however, the fact remained – a morning start was on the cards. Cieslecki refused under any circumstances to don cricket whites and so was condemned to drinking at the bar all day – poor thing, although he seemed to take it quite well. Guy's lost the toss and were forced to take the field by a young-looking New College side. Twelve tidy overs were bowled until all the water of the world's oceans fell on the pitch – end of game. What are we going to do now? ... What are we going to do now? ... etc. Some impetuous fool suggested ice skating. Who does he think he is, he knows I'm a nervous wreck on ice, but ice skating it was. The author then treated the tour party to one of the greatest displays of ineptitude yet seen by civilised man, and to be quite honest, the less said about it the better. The early part of the evening, having successfully soaked a member of the populous *via* a superb swerve into a large roadside lake from the now homeless Brink, was spent on the annual leer over the waitresses at Brown's restaurant. When we had finally dragged everybody out of the toilet the evening's pub crawl commenced. The evening is a complete blank. And so to bed.

The journey back was highlighted by one remarkable incident. Having reached Hyde Park Corner in record time it was decided that the adjacent Rolls Royce deserved a bit of stick and an egg was duly pelted against the passenger's window – nice shot, Tom. Unfortunately, the opulent owner was in possession of one of those ghastly cell phone things, and called the fuzz. He then pursued us to SE1 where we were greeted by a posse of Panda cars and plain clothes policemen. Apparently, the owner said his car had been "attacked" and that he was being "victimised". I'm sure that the police would have reacted in the same way had the driver not been (a) fat, (b) rich, (c) driving a Rolls, but are you?

Tour Party: Brink, Pocock, Davies, Shannon, Carruthers, Thomas, Cieslecki, Tucker, Capp, Gardner, Marchbank, Farmery, McGuckin, Dickinson, Cranston.

Wide Around the Middle

Unfortunately, the scorebook was temporarily mislaid and the matches which are still to be reported will be included in the next edition. A full seasonal report will appear in the Freshers' edition.

FINAL AVERAGES FOR 1985 SEASON

Playing record: Played 19, Won 6, Drawn 6, Lost 6, Abandoned 1.

Batting – Qualification 5 completed innings

	I	No	Runs	HS	Ave	50s	100s
Brink	18	2	565	87	35.3	5	–
Pocock	16	–	460	106	28.7	–	1
Davies	7	1	155	45*	25.8	–	–
Cranston	9	2	155	42*	22.1	–	–
Masani	9	1	161	40	20.1	–	–
Shannon	11	6	85	22	17.0	–	–
McGuckin	7	1	96	71	16.0	1	–
Tucker	6	1	55	22	11.0	–	–

Also batted: Bailey 16,7*,13,29,4; Smith 6; Pollard 24*,23,0; Calver 23,3,4,8; Zbrzezniak 1*,7,4,16; Dargan 0,14; Vowles 0,0; Singh 11,50,4; Coleman 2; Plummer 0*; V. Masani 3,5; Crowther 1,11,1; Carruthers 7*; Charlesworth 0; Pugh 0*; Murch 2,73,63; Farrar 5*; Shiraz 0,4; Woods 1; Dickinson 0; Thomas 0; Barrett 0*,0; Mohan 1; Duff 5; Alex Williams 18; Andy Williams 2; Feneley 0; Scanlon 6,10*; Love 0,10,2; Russell 5,4; Leigh 0; Staker 4*; Dinwoodie 7*; Jones 3*; Hawkes 14,15,10; Rytina 0; Wilson 7; Meharg 1.

Bowling – Qualification 5 wickets in 5 innings

	Overs	M	Runs	Wkts	Ave	BB	5W
Cranston	109.1	27	253	24	10.54	5–11	1
Shannon	172	37	535	29	18.45	4–35	–
Vowles	56	11	182	8	22.75	3–16	–
Tucker	64	9	251	11	22.81	4–50	–
Pocock	133.5	22	462	20	23.10	6–39	1
Brink	31.5	4	156	5	31.20	3–13	–

Also bowled: Jani 15-0-69-1; Dargan 23-4-72-4; Williams 15-2-45-5; Mohan 8-0-46-0; Crowther 4-1-14-1; Scanlon 2-0-15-0; Love 13-1-59-6; Chauhan 10-4-22-1; Pollard 5-1-14-2; Coleman 7-1-47-1; Calver 3-0-37-1; Bailey 2-0-22-0; Singh 26.3-1-110-5.

Catches

8 Brink; 6 Masani; 5 Tucker; 4 McGuckin, Davies; 3 Shannon; 2 Singh, Cranston, Crowther, Dickinson, Feneley; 1 Pollard, Dargan, Plummer, Coleman, Thomas, Zbrzezniak, Calver, Barrett, Leigh, Shiraz, Staker, Bailey, Rytina, Wilson, Carruthers, Hawkes; 0 Pocock.

Appearances

19 Brink; 17 Pocock; 16 Shannon; 11 Cranston; 10 Tucker; 9 Masani; 8 Davies, McGuckin; 7 Vowles; 5 Bailey; 4 Calver, Zbrzezniak, Singh, Coleman, Crowther, Dickinson; 3 Pollard, Dargan, Carruthers, Murch, Gardner, Shiraz, Jani, Love, Hawkes; 2 Smith, V. Masani, Woods, Hackett, Thomas, Barrett, Mohan, Feneley, Scanlon, Russell, Jones; 1 Ross, Chauhan, Plummer, Charlesworth, Pugh, Farrar, Duff, Leigh, Alex Williams, Andy Williams, Staker, Dinwoodie, Rytina, Wilson, Meharg.

Muddlehead

NURSES SWIMMING GALA

For the first time in many years Guy's held host for the Nurses' Inter-Hospital Swimming Gala; this might have been in response to their excellent showing last year (being progressive team of the year), or simply to celebrate the pool being open.

The atmosphere was tense as the teams and their supporters crowded round the poolside expecting another close encounter between last year's winners Bart's, and the Young Pretenders, Guy's.

The heats saw Guy's reaching the final of all events, but particularly memorable were their efforts in the most prestigious event, the medley relay. Being almost half a length down on the final leg, the potential of one of the younger members had even her team mates aghast. Joe "Jaws" swam as if last orders at an Inflam had been called and finished the length a good stroke ahead of her rival; the others could only wallow in her wake.

The finals commenced with the individual medley, and once again saw Joe stroke home for a comfortable win. This was quickly followed by another Guy's victory, the student voice, David Bone, winning the male nurses' backstroke.

The opposition in the female backstroke was decidedly stronger and Kim-Britt swam well to gain valuable points behind King's and Bart's. Hilary Winter had similar problems in the breaststroke and kept Kim-Britt company with the same number of points. Unfortunately a new aquatically streamlined jaw couldn't help last year's winner of the breaststroke, John Boyce, to pull it off again; perhaps John and Hilary should practice the stroke together more often.

Winner of the 50m freestyle - Joe

The starter developed problems with his pistol in the 100m freestyle, and Mike from Bart's, who had sportingly entered every event thus far commented that if he insisted on playing Russian roulette, then three blanks in a row warranted an automatic disqualification.

The male relay team were undaunted by the false starts, and not lacking stamina and courage scraped through a hard fought final to come a good second; third and fourth place were left standing.

Hoping to duplicate the success of the heats, the medley team were working on some improvements to increase their winning margin. This they succeeded in doing, and even Jaws had only a 1/4 of a length to

catch up. Their triumph on bettering themselves, however, was shortlived for two faulty change-overs had disqualified both winner and runner-up.

The dismay of Guy's was somewhat appeased when the freestyle team got to grips with Bart's again and turned out good winners shortly afterwards.

"El Capitano" Cave found that even slight deviations from the "perfect stroke" can cost you dear in the style event, and despite looking good in the pool could only manage a fourth place.

The diving proved just too much for novice Ian Blakley, who after ten minutes coaching half an hour before the event, still couldn't manage a triple summersault with one and a half twists without some degree of difficulty. Sheena Pollock showed Ian how it was supposed to be done, and was even seen to enter the water in the proper manner. The judges were obviously impressed at not being soaked again, and she walked away with the diving cup.

Many thanks must be given to the special trustees, who provided a sumptuous reception in the Robens suite afterwards. The only dampner on the evening were the constant interruptions for the Guy's team who had to leave their buffet to collect bits of paper and silverware.

Result: Guy's winners by 13 points.

Vico Slemon

WINDSURFING CLUB

Have you got a superb tan, bleached hair, and a pink wetsuit covered with the names of all your sponsors? Yes? - well, don't come windsurfing with us then because we are just starting up and are very un-cool. Whilst most other clubs are hibernating for the summer, we are windsurfing at Albatross Club, Milwall Dock, which is only 15 minutes away from Guy's by car or 1/2 hour by tube and bus. Two boards are being kept there which may be sailed at any time. Enthusiasts and beginners alike are welcome to join as soon as they wish. Contact Clare Chavasse or Charles Balcombe via the Boland House pigeon holes for more information.

Sunburnt Railrider

Hospital Information

PASS LIST

M.B., B.S. (London) Pass List June 1985

Alderson, P. J.
 Atherton, P. J.
 Atun, R. A.
 Aurora, R. P.
 Ayling, Miss R. M.
 Bailey, D. J.
 Balasingham, A.
 Barker, K. F.
 Barnes, R. G. T.
 Beattie, Miss J. C.
 Bell, S. D.
 Chang, T. C.
 Chatterjee, J.
 Chavasse, S. J.
 Claiden, Miss M.
 Clemetson, C. D. M.
 Coker, C. B. A. O.
 Cowell, R. P. W.
 de Berker, D. A. R.
 De Carteret, Miss S. L.
 Dunbavand, A.
 Du Peloux Menage,
 Miss H. G.
 Exworthy, T. P. N.
 Fawcett, W. J.
 Ferguson, J. S. J.
 Fisher, Mrs. E. M.
 Fisher, S. R.
 Furey, Miss A. H.
 Gandhi, M. R.
 Gledhill, Miss H. F.
 Gleeson, Miss C. M. A.
 Goff, Miss J. M. C.
 Gray, Miss C. J.
 Greenslade, G. L.
 Hann, Miss J. E.
 Harper, Miss J. M.
 Hasheminejad, A.
 Hawkins, S. P.
 Hayes, Miss F. M.
 Hegarty, D. D.
 Hirst, W. J. R.
 Hornby, R. C.
 Horrocks, Miss C. L.
 James, A. J. B.
 Jones, A. R. R.
 Jones, Miss K. E.
 Kreeger, Miss L. C. R.
 Kwan, Miss W. K. C.
 Lockwood, Miss C. M.
 McCulloch, N. A.
 McGrath, J. A.
 Macmillan, I. C.
 McPeake, J. R.
 Madan, Miss I.
 Mallett, P.
 Malyon, A. D.
 Mant, J. W. F.
 Martin, M. J.
 Mayes, P. J.
 Mellor, S.
 Millwater, C. J.
 Milstein, Miss P. A.
 Muir, D. B.
 Myers, Miss C. A.
 Nasser, S. M. S.
 O'Brart, D. P. S.
 Owens, S. J.
 Oxborrow, Miss S. M.
 Patel, S. B.
 Petrides, S. P.
 Phipp, I. D.
 Pryce, A. C. W.
 Rake, Miss A. S.
 Rayner, S. S.
 Reakes, Mrs. R. E. M.
 Rees, G. L.
 Reynolds, P. J.
 Roberts, Miss C. E.
 Roberts, Miss L. C.
 Ross, D. J.
 Ruddle, Miss S.
 Rushdy, Miss A. A. A. R.
 Russell, R. M.
 Scadeng, Miss M.
 Searle, A. E.
 Sheridan, E. A.
 Sinden, M. P.
 Skelker, Miss M. H.
 Speight, Miss A. E.
 Starkey, Miss C. N. G.
 Starling, A. J.
 Steiner, Miss M. R.
 Stuart, I. P.
 Treasure, Miss J.
 Van't Hoff, H. C.
 Vyse, T. J.
 Walsh, D. A.
 Williams, A. G.
 Williams, C. J. C.
 Wyatt, B. T.
 Young, Y.
 Zbrzezniak, W. S.

M.B., B.Chir (Cambridge) Pass List June 1985

Lammie, G. A.
 Lee, A. H. S.
 McGregor, Miss J. M.
 Rouse, D. A.

L.R.C.P., M.R.C.S. Pass List 1985 March 1985

Mak, Miss L. L.-M.
 Patel, Miss M.

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BIRTH

GAIN—On May 15th to Richard and Jackie, at Basingstoke General Hospital, a son Thomas Christopher, a brother for Nicholas.

DEATHS

FRAZIER, W. F., 18 Church Street, Shoreham by Sea, Sussex (Guy's 1933-1938), died on 20th March.

PERSONAL

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The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

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The Rape of RAWP

The following letter was received by the *Gazette* a few weeks ago. It is printed in full without any alterations.

"Along a dingy gaslit street in Bermondsey quite close to the arches of the famous London Bridge station stood a wonderful building. To the surrounding neighbours it was their own part of England its called Guy's Hospital. To the locals around neighbours. As a child I had many memories of student nurses and doctors cycling around Snowsfields delivering babies. Better known as Guys children. In those days most folks had their confinement in their own homes except complication cases one would know if a baby was near the lady who would act as midwife to the doc by preparing everything but not deliver as it was most important to the student as they felt so proud of their first baby and often mothers named their babies after the nurses or doctor. It was a way of thanking them for the care and attention.

"The doctors took a great interest in the community of the local residence to help sick and disabled. To help give them reward for their devotion to work they had a proccesion every year. All carts, bikes, prams, scooters dolls prams all gaily decorated with streamers gaily coloured balloons each cart had a collection box to help Guys hospital. The large lorries and carts had hospital beds made to look like a ward another set out as a operation ward I believe many students played part in it the antics they got up to it was better than any circus the costumes and bright colours brighten Bermondsey. Folks gave willingly to the collection boxes as they relied so much on hospital in emergency.

"As a child I can recall the summer garden parties helped by the staff of Guys to us children it was as good as a royal affair. Plenty of food cakes and fruit which was a sight for sore eyes to the poor of Bermondsey. As evening drew nigh we knew our drill off by heart. Children would trot off to Maze Pond Outpatients dept with large shopping bags and take up positions as left overs from the party commenced. We'd climb the hospital railings and pass the bag to the staff who would fill it with bread, milk, cakes sandwiches filled with cheese, salmon paste. Once you had your spot on the railing you darent move until another pals bag was handed up we all looked after each other. Everybody shared everything. No greed in those times if only the spirit was here today. Neighbour helped neighbour and never expected payment for it only exchange of kindness in return. During 1938 trouble was brewing the community of Bermondsey of was changeing. War was declared 3rd Sept 1939. Once more our favourite friends came to our aids in the blitze. A bomb was dropped in Snowsfields and demolished two blocks of Guinness' buildings. Many old pals and neighbours were killed. Also in the arches of St Thomas's St. Guys staff worked night and day during the

blitze. The people were very brave during their ordeal and sufferings. If there was a heavy raid Guys doctors & nurses would be on the spot to answer all calls any time any day or night. When I think of the sacrifice they made and their reward by closing certain units its very sad. But remember Guys we salute you. Our friend and neighbour.

"From a friend of Snowfields and many Bermondey neighbours. In thanks of prolonging my husband life for extra year by Guys wonderful surgery in neurosurgery dept."

This letter has arrived at a very appropriate time. What the D.H.S.S. have ignored in their crude abuse of RAWP is the important role that Guy's has, or perhaps used to have, as a district general hospital. We at Guy's seem to have become shell-shocked into submission as yet more savage cuts are made in our budget. It is only by the imagination and foresight of people like Professor Chantler that we are not already merely part of the inevitable Guy's-King's-St. Thomas's Postgraduate Centre which will surely replace us soon.

What we should be addressing ourselves to are the wider issues and sequelae of the government's malicious misinterpretation of RAWP – the Party responsible for RAWP always intended it to be a levelling-up, *not* down. It appears that there really must be something very wrong with a country when here at London Bridge a brand new private hospital is being built, whilst less than $\frac{1}{3}$ mile away hundreds of N.H.S. beds have been closed. One wonders how Norman Fowler would react to having to wait three months for an E.N.T. out-patient appointment, or three years to have his hip replaced. Any one who does not believe that the government are deliberately dismantling the N.H.S. should pay a visit to the empty wards, or apply for an appointment.

Does the government really think that the population does not want to spend money on its health? Would everyone really begrudge spending a couple of pounds extra a year on their taxes just to maintain the present state of the N.H.S.?

Guy's Hospital Gazette



We should like to remind our readers that all copy for inclusion in the "Gazette" must be received 15 days before publication. Copy dates for the next two months are September 11th and October 16th.

Copy may be sent to us at 23b St. Thomas' Street, Guy's Hospital, SE1 9RT.

Birth, Marriage, Death and Change of Address notices are inserted without charge to subscribers.

When subscribers notify the "Gazette" of Change of Address, would they please indicate whether or not this should be published.

Personal notices are charged at 10p per word (prepaid, minimum £2.00).

Non-subscribers are charged £2.00 (prepaid) for all notices other than Death.

Queen's Birthday Honours List

We extend our heartfelt, if even more belated, congratulations to Mr. M. S. E. Gould, consultant orthodontist at the Eastman Dental Hospital who has been awarded an O.B.E. Also we congratulate Dr. David Bellamy of the Royal Sussex County Hospital, Brighton who has been made a Member of the British Empire.

Professor Keith Simpson

The *Gazette* regretfully announces the death of Professor Keith Simpson last month following a brief illness. A service of Thanksgiving for his life and work is to be held in the Chapel at Guy's Hospital on Monday, 23rd September, 1985. at noon. (*Obituary* p.282).

Front Cover: The cover shows a favourite caricature of Professor Simpson.

Sir Cyril Astley Clarke

We extend our congratulations to Sir Cyril Astley Clarke who has been awarded the 1985–6 Gold Medal of the Royal Society of Medicine. He is to receive it on 15th April 1986.

Mr. Patrick Boulter

The *Gazette* is delighted to announce that Mr. Patrick Boulter has been honoured for his work in helping to train Australian surgeons. He has been admitted to the Honorary Fellowship of the Australasian College of Surgeons. Mr. Boulter trained at Guy's and edited the *Gazette* for five years during his time here, He is now senior surgeon at the Royal Surrey County Hospital in Guildford. Recently he has been working as surgical director of the breast cancer screening project in Guildford. He also sits on the council of the Edinburgh College of Surgeons. Congratulations!

407 Art Club

The next exhibition of the 407 Art club will take place from Monday, 30th September to Friday, October 4th on the fourth floor of Hunt's House; the show will be open to the public from 9 a.m. to 5 p.m.

The following will exhibit their work:—

Joanna Foley – drawing

Ticapulu Babolybodi – water colours

Peter Schurr – oil painting

Theo Leibowitz – photography

Matteo Adinolfi – collage

A special exhibition of art books (limited editions) printed by Jean and Matthew Tyson in their workshop has also been organised. This show will be open from 3 p.m. to 5 p.m. on Tuesday, 1st October and Ian Tyson will be present to answer enquiries about printing etc.

Guy's Hospital Nurses' League: Biennial Party

The Biennial Party of the Guy's Hospital Nurses' League will be held in the Robens Suite on Friday, 18th October, 1985 from 6.30–8.30 p.m. Members and their friends are welcome. Tickets £4 each. Please apply to G.H.N.L., c/o Nursing Administration.

Obituaries

Professor Cedric Keith Simpson

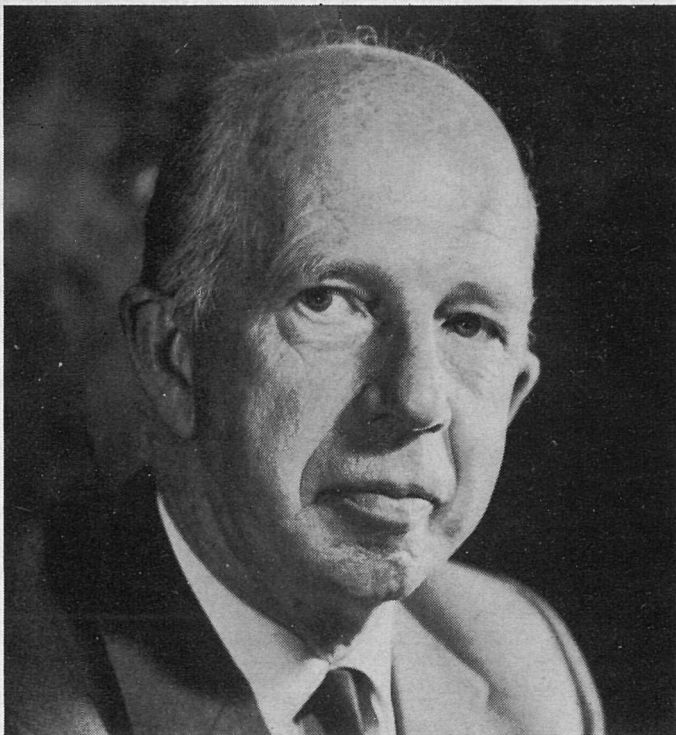
Professor Keith Simpson, Professor Emeritus of Forensic Medicine to the University of London and former Head of the Department of Forensic Medicine at Guy's Hospital Medical School died on 21st July at the age of 78.

Keith Simpson was the son of a doctor and was educated at Brighton and Hove Grammar School and subsequently as an undergraduate at Guy's Hospital Medical School. He was to remain at Guy's throughout his long and distinguished career. As an undergraduate he was the Golding-Bird Gold Medallist in Bacteriology in 1927 and the Beaney Prizeman in 1927. He qualified in 1930 and proceeded to MD in Pathology in 1932. That year he was the Gull Scholar and Astley Cooper Student. He became the Lecturer in Pathology at Guy's Hospital Medical School in 1932 and soon became active in the world of Forensic Medicine. In 1937 he was appointed as the lecturer in Forensic Medicine at Guy's Hospital Medical School and in 1946 was appointed as Reader in Forensic Medicine at Guy's. In 1962 he became the first Professor of Forensic Medicine, in modern times, within the University of London. He retired from that chair in 1972 and was honoured as Professor Emeritus. In 1961 he was appointed as the Lecturer in Forensic Medicine at Oxford University, retiring from that post in 1973.

In his long distinguished academic career, Keith Simpson was appointed as Examiner in Forensic Medicine to the Universities of London, St. Andrew's, Leeds, Wales, Oxford and Glasgow.

He was an avid writer of books, his classic undergraduate textbook, *Forensic Medicine* was published in 1947 and now is in its 9th Edition. He edited *Modern Trends in Forensic Medicine* in 1953 and in 1967, *Taylor's Principles and Practice of Medical Jurisprudence*. His *Doctor's Guides to Court* was published in 1962 with a 2nd Edition in 1967. More recently he has published the *Investigation of Violence* and, of course, his autobiography *Forty Years of Murder* appeared in 1978 and was to remain on the bestsellers list for some considerable time.

He became a member of the Medico-Legal Society early in his professional career and was to remain a very active member throughout his life. He was a President of the Society between 1961 and 1963. He was a Founder Member of the British Association in Forensic Medicine and was elected President for the period of 1966 to 1967.



Amongst many honours bestowed on him were C.B.E. in 1975, Honorary M.D. in the University of Ghent and L.L.D. in the University of Edinburgh.

He was always very keen to teach both the undergraduate and post-graduate student and his influence on the world of Forensic Medicine was such that its practice in many parts of the world has been governed by the guidance of Keith Simpson. He travelled very widely and was in great demand as a Lecturer particularly in the Third World.

It will be for the conduct of the many cases that he was involved in throughout his life that he will be best remembered. He was not only extremely skilful in the manner of his post mortem examinations, but was also outstanding in his presentation of evidence in court. He had the ability to express himself with great clarity and could, in a difficult homicide case, bring over the points of his evidence in simple terms so that there would be no confusion or misunderstanding in the minds of a lay jury. He was widely respected for his abilities by the legal profession and his opinion was sought by Police Officers and Lawyers on a large number of occasions. He was always fair and would present a contentious case to show points for all sides. He demonstrated the qualities of the perfect expert witness by appearing as a totally impartial witness in court and not as a partisan witness representing one side or the other.

He always demonstrated the highest professional standards and expected them from others; he felt it important that members of the profession should always conduct themselves in a proper manner when appearing in court and held very strong views on the standard of dress and style of presentation that was to be expected from a Doctor.

He remained passionately interested and involved in Forensic Medicine throughout his life and he still retained the ability to be fascinated by a murder case even at the end of his career. He was always keen to involve himself in the Forensic mysteries which cropped up, whether in this country or in other parts of the world such as the West Indies. Many of his cases have become *causes célèbres* throughout the years, frequently as a result of his skills as a pathologist. In his years as Curator of the Gordon Museum at Guy's he has left us with a fascinating array of exhibits from many of his more famous cases such as those of Dobkin, Haigh and Heath.

He was a great raconteur and a fund of frequently amusing, if somewhat macabre, stories. The occasion when he was inspecting a nursing home on behalf of his mother became a favourite, when he discovered that the last time he had seen the matron of the home was under somewhat strained circumstances when she had sat in the dock hearing his evidence, which subsequently convicted her of a homicide charge.

With his passing comes the end of an era in Forensic Medicine; he did much to develop the science of Forensic Medicine and to remove it from a time when it had been regarded with some suspicion both by courts and by the profession. He will long be remembered with affection by those of us who have had the good fortune to benefit both from his teaching and his advice, which was always so freely given. To the young forensic pathologists a few words of advice from the Master was often of invaluable help in resolving some thorny medical legal problem.

I.W.

John Richard Willis

John Richard Willis, aged 24, died tragically on Monday, 29th July, 1985. He had been fatally injured in a motor accident on the M4 motorway the previous Saturday. His car, stationary on the hard shoulder, had been hit by another car as John was adjusting the bonnet. Bridget, who had been standing on the opposite side of the car, was totally uninjured.

John was born and grew up in Buxton, Derbyshire in the Peak District; having been educated at Buxton College and Stockport Technical College, he came to Guy's. John loved the hills throughout his life, enjoying climbing, walking and caving. He was an enthusiastic member of Guy's Mountaineering Club (some may remember the mammoth snowball fight during the last dinner meet), and he had been a member of various climbing expeditions to the Alps, as well as taking part in the British Schoolboys expedition to northern Norway in 1979 and the Polar Exploration Group's expedition to Spitsbergen in the Arctic Circle in 1983. The purpose of the latter expedition was to carry out a geological survey of the area, but John



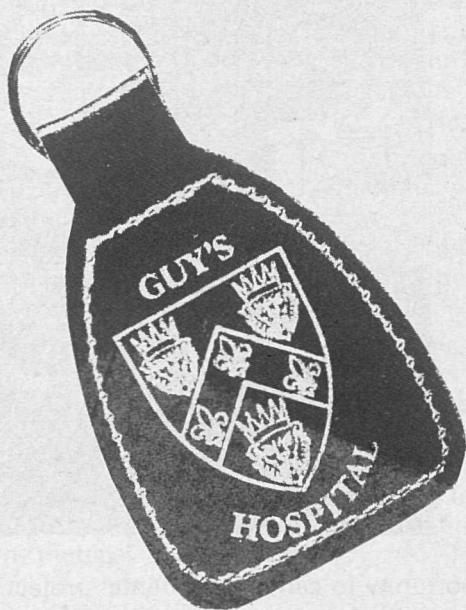
also took the opportunity to carry out a dental project, cajoling his fellow explorers to spit into little tubes as they worked on the snow and ice of the glaciers. John and his brother Michael had been amongst the first guides to work in the Peak District's most spectacular show cave, Pooles Cavern.

John was qualified as B.D.S. in July 1985 at Guy's and was due to start working as house surgeon to Mr. P. O'Driscoll on 1st August. John had been a cheerful and popular student at Guy's and will be sorely missed by his friends. As well as being involved in the Mountaineering Club, he was also social secretary and co-founder of the Cycling Club, and played football for the Thirds team. He was Ball secretary, 1983-84 and secretary of the Dental Society 1984-85.

The funeral service in Buxton was attended by over 400 people including about 45 students and staff from Guy's. On behalf of John's family, Dr. and Mrs. Willis, Kate and Michael, I would like to thank everyone from Guy's who sent flowers, cards and letters. Dr. and Mrs. Willis were very pleased to meet everyone from Guy's who had known their beloved son and would especially like to thank all those who managed to attend the funeral.

B.D.

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Final Year Ball

by John Edwards

Studying medicine is a long haul, and, of the five or six years taken, the final few months are, without doubt, the most gruelling. Normally gregarious extroverts become isolated recluses, alcohol consumption and frivolous entertainment is cut to a bare minimum. The tension mounts, the exams approach and then suddenly it's all over. Up until this year, all that then followed was a haphazard selection of private parties. Then a gradual parting of the ways, as the new doctors increased their bulging overdrafts with extravagant holidays under the Mediterranean sun on a topless Greek beach, some never to return to Guy's. This has all been rather a shame, particularly as many other schools have great traditions of final year balls which can be the social highlight of the year. Fond, and some not so fond, farewells are mixed with drunken merriment by consultants and students alike.

This year was different. A group of final year card game enthusiasts known as the London Bridge (Players) Club, decided that they would organise a party for after finals. The Glaziers' Hall was booked, and companies approached for sponsorship. After some work, two very generous raffle prizes were offered; from Peter Stringfellow, a champagne dinner for two at the Hippodrome and from the Tower Hotel, a dinner for two at the Carvery. Sponsorship was also received from the MPS, MDU and MSS. All Guy's consultants were contacted and many expressed interest, although unfortunately, only a few could come. The final few weeks became a bit hectic and, being an idle fourth year student, I offered to help with the administrative details.

Monday, 23rd June arrived, and the scale of the undertaking was all too apparent. Approximately 110 double tickets @ £25 had been sold, but issue and withdrawal of no fewer than three sets of tickets had made the calculation somewhat precarious. The finances were also looking shaky, as the expenses of over £2800 depended on the raffle proceeds to break even; who would cover any losses? – no-one dared think. To cut costs we had commissioned the 'Spit' to provide the food – a risky decision one might have thought. In fact, the result was beyond all expectations, for which Clare and her team must be congratulated.

The evening itself started remarkably smoothly. A sherry reception was followed by the buffet dinner served by a group of very hard-working (if not a bit crazy), rather pretty volunteer helpers, who all deserve a hefty round of thanks. Afterwards, as people mingled trying to spot the four consultants, the Geoff Smith Trio played some light jazz – it was all going too well. Perhaps it was a mistake to try and assemble 100 drunk medics on the stairway for the group photo, particularly as they fairly quickly tried to imitate Liverpool football supporters. Then it happened, a scream, a crash and two doctors-to-be landed in a heap of curtains hardboard and plaster. Luckily neither was too seriously hurt although, they say, Dr. Rees tended very diligently to his future House Officer's inside thigh lacerations. Despite

this hiccough, the party continued with a swing ending with 'Auld Lang Syne' at 2 a.m. All in all it went pretty well and much to the organisers' relief financially just broke even.

It will be a shame if these parties do not continue, and arrangements are beginning to be made for next year. It would be good to get a rather bigger consultant and junior staff turnout and start to make the Final Year dinner a regular, memorable, social event.



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Lord Nuffield and Nuffield Place, Oxfordshire

by Dorothy Silbertson

In the December, 1984, issue of the *Gazette* I wrote about the attempts to get a Friends' organization for Nuffield Place off the ground. Happily this has now been achieved. As you know the aim of the Friends of Nuffield Place is to ensure the preservation of the house as it was when Lord and Lady Nuffield lived there, and – by agreement with the owners, Nuffield College, Oxford – to arrange for members of the public to see it.

Last autumn the Friends arranged four Open Days at Nuffield Place at very short notice, with minimal publicity, and financed on a shoestring. 1,000 people came and many lessons were learnt. Cash from admission charges and from Friends' subscriptions now provide a kitty so that a season of Open Days was launched this summer.

The house and garden is open this year for visitors on the first and third Sundays in May, June, July, August and September, from 2–5 p.m. Nuffield Place is just off the A423 between Henley and Wallingford, two miles west of Nettlebed. Signs on the main road will direct you to the car park and house.

Although all the work of stewarding etc. is done by Friends on a volunteer basis, these Open Days cost money to advertise and prepare. More Friends are badly needed, both to provide reliable financial backing and to share the practical chores, which are in fact most enjoyable. Apart from the great interest of what is in the house, Friends manning the rooms hear fascinating accounts of the early days at Morris Motors, meet people who knew Lord Nuffield in many walks of life, and have the great satisfaction of seeing how much a visit to Nuffield Place is appreciated.

An application form to join the Friends is provided.

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185 Years of Otolaryngology at Guy's Hospital

by Peter J. Robb, Registrar, Dept. of Ear, Nose and Throat Surgery.

During the late 18th century, the treatment of conditions of the ear was largely the domain of the "Aurists", a derogatory term synonymous with "Quacks". In 1805, the first specialist hospital treating diseases of the ears in the UK was founded at Moorfields, although this later became internationally renowned as an ophthalmological institution.

However, five years prior to the opening of Moorfields, Sir Astley Paston Cooper, one of the surgical celebrities of the Georgian era, had treated deafness by myringotomy. Like many surgeons of his day, Astley Cooper was a generalist in the true sense of the word, but soon abandoned otology for fear of attracting a poor reputation. Before doing so, he had presented his findings to the Royal Society, and in 1802 was awarded the Copley Medal in recognition of his research.

James Hinton was appointed the first aural surgeon to Guy's Hospital in 1863, and at that time was one of only two otologists in the country. The first was Joseph Toynbee, the father of British otology, and Hinton's long-time teacher.

From the unlikely beginnings as a woollen draper, to ship's surgeon, James Hinton became one of the pioneers of otology, not only at Guy's, but in Britain. He described the fatal sequelae of unsafe chronic otitis media and cholesteatoma, and together with Astley Cooper developed the theory of eustachian tube obstruction causing serous otitis, although at that time the obstruction was attributed to tonsillar hypertrophy, the adenoidal function as yet unknown.

Hinton was the first in Britain to perform cortical mastoidectomy for acute mastoiditis, using a drill for his dissection, a method 100 years ahead of his time. His detailed descriptions of the tympanic membrane in health and disease were translated into pictures by his wife, an accomplished artist, and published in 1874 as the *Atlas of the Membrana Tympani*.

In 1837, John Hilton, (often confused with James Hinton), also of Guy's Hospital, proposed on anatomical grounds the functions of the laryngeal nerves. He described the mechanism of vocal cord volition, and his hypotheses were conclusively confirmed a year later by Professor John Reid of St. Andrew's University.

During the same period, Richard Bright had described the relationship between tonsillitis and Bright's disease. From his extensive clinical and pathological experience, he gave in 1836 the definitive description of laryngeal phthisis. Sir Astley Cooper had turned his attentions to laryngology, and is reputed to have performed "bronchotomy" for acute laryngitis, (probably of diphtherial origin). Sir Morell Mackenzie reports that Cooper removed digitally, a tumour the size of a hen's egg from the epiglottis, and for some time after the specimen was preserved in the medical school museum, only to be later discarded.

In the sphere of laryngology, another Guy's man, Benjamin Babington deserves a place for posterity: Babington was the son of a Guy's physician, and was born in the hospital in 1794. His sister married Richard Bright, who with Babington became a physician at Guy's, the latter living to the age of 71. Babington described the "glottoscope" to the Hunterian Society of London in 1829, and using it was able to visualise the posterior oropharynx. While he never visualised the vocal cords, the instrument was certainly the forerunner of the present day laryngeal mirror, described as "a looking glass set in a silver wire with a long shank".

Today at Guy's, the strong otolaryngology traditions continue to flourish, and maintain the department as one of the premier units in the country. The otology service encompasses a paediatric assessment unit, particularly concerned with children suffering congenital abnormalities which affect their speech and language development. The cochlear implant programme based at Guy's is run jointly with University College, London, and is internationally recognised as one of the centres at the forefront of research into severe post-lingual deafness. General otology services are backed up by the audiology and hearing aid department, and by Medical Physics where evoked response audiometry is performed. The department also provides separate paediatric clinics and operating sessions.

We are fortunate to possess a second generation, "state of the art" CO₂ surgical laser, one of only a small number in use at the present time in the British Isles. This is an invaluable tool for the management of microscopic endolaryngeal diseases, particularly in children. A laser pencil is also currently under evaluation for use in the oral cavity and pharynx.

The head and neck oncology clinic is the weekly nucleus of a combined ENT, Radiotherapy and Oral Surgery service committed to the management of all forms of malignant head and neck disease referred from across South East England for specialist assessment and treatment. Many of the patients are tertiary referrals from other surgeons and oncologists wishing to take advantage of the broad experience available to their patients from this clinic. In addition, there is also a continuing ENT commitment to the joint thyroid clinic service run by the nuclear medicine department where a particular interest in problematical cases necessitates a joint management policy.

From the initial passing interest of Sir Astley Cooper, and on to the pioneering work of James Hinton, the department has expanded to the present day service, with which hopefully our forefathers would have been proud to have been associated.

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Thomas Hodgkin, M.D.: A Reappraisal

Part II

by Amalie M. Kass, B.A., M.Ed.

and

Edward H. Kass, M.D., Ph.D., F.R.C.P.

From the Channing Laboratory and the Countway Library of Medicine, Harvard Medical School and the Brigham and Women's Hospital, Boston, Massachusetts 02115, USA.

Presented at Guy's Hospital on the occasion of the unveiling of the plaque marking Dr. Hodgkin's former residence at 35 Bedford Square (15 July, 1985).

Professor E. H. Kass:

Later, in 1832, he published his paper on what we now know as Hodgkin's Disease, recognizing, among the large number of tuberculous and carcinomatous lymph nodes and spleens that certain of the lymph nodes looked different, and were associated with a lethal disease; Wilks, 24 years later, encountered a group of similar cases, one in a former patient of Richard Bright. He published these and later called attention to Hodgkin's earlier description. Whether Bright recalled Hodgkin's studies to Wilks, or whether Wilks researched the matter entirely by himself is unknown, but it was Wilks who later gave the disease its present name saying "... it is probable that the association of his [Hodgkin's] name with the glandular disease may assist in the extension of his posthumous fame abroad, but to us, the accidental discovery of his paper on the subject added but little to the estimation in which he was already held".

In 1835, Hodgkin published the text of four lectures that he had given to the Mechanics' Institute in Spitalfields. The lectures had received favourable comment from *The Sunday Times*. The population of Britain was turning away from the concept that health and disease were due to a visitation from heaven, and was interested in self-care and social action as a means of preserving health. That the poor could benefit from following some basic rules of hygiene was not only a relatively radical idea, but also seemed tantamount to inciting the poor to demand even more from the establishment. Hodgkin was not deterred from giving these lectures. He opened with the prescient foreword:

"When I entered on the duties of my office as Physician to the London Dispensary, I quickly perceived that to cure or to alleviate actual sickness was not all that was necessary to be done ... I saw that it was far more important to confer and preserve health."

Hodgkin offered advice about air, light and cleanliness. He lectured against tobacco and alcohol. He recounted various occupational hazards and how to avoid them. He gave recipes for nutrient foods and lectured about child health as well as on the physical and moral upbringing of children. His lack of experience with the latter did not diminish his self-confidence.

A year later, to the Hunterian Society, he developed a prepayment scheme, pointing out the inadequacies of the system of medical care for the poor in which supplication to a governor of the hospital or dispensary was necessary for admittance. Instead, Hodgkin proposed that public medical officers, qualified by rigorous oral, written, and moral examinations, should receive a fixed and openly stated sum in order to work in appropriate dispensaries. The dispensaries in turn would be financed by weekly contributions by the subscribers and Hodgkin calculated this to be approximately 4d. per week. Patients would be free to choose any doctor within the dispensary except when a given doctor was overloaded.

During all this time, Hodgkin was lecturing on the need for reform in medicine and has supported the founding of the University College of London. When the next step was taken towards the creation of the University of London, as the first university in England that specifically forbade a religious test for entry or conferral of degrees, Hodgkin sat on the first Senate. He remained in the University Senate for the rest of his life and served on numerous committees, most notably on the committee chaired by Peter Roget which was concerned with curriculum, strict academic standards and governance of the medical faculty of the fledgling University.

While doing all this, Hodgkin's activities as a committed Quaker and social reformer had led him into numerous fields that to his inherently conservative nature seemed no more than simple humanitarianism, but to the Treasurer of Guy's Hospital was hardly less than fiery radicalism. Apart from his youthful *Essay on Civilization*, the lectures to the working class at Mechanics' Hall, and the advocacy of the University of London, with its almost flaunting secularism, Hodgkin wrote about the problem of slavery, about which more below. He also took issue with the rather loose methods of teaching and examining students, advocating a stronger background in the arts and a stronger curriculum in what we would now call the pre-clinical sciences. Perhaps most important in terms of the future, was his testimony before a Parliamentary Committee assailing the trading methods of the Hudson's Bay Company in Canada. The Company, as is well known, was purchasing furs with alcohol and doing little to regulate local trading practices, or educating the Indians, leaving them in a seriously deteriorated physical and social state.

The Treasurer of Guy's Hospital was a Director of the Hudson's Bay Company and he was not amused. Hodgkin's other-worldly naivety reached a peak shortly thereafter when he wrote to the Treasurer soliciting support for a second expedition to Canada by the same Richard King, a surgeon, who had brought back the earlier dismal reports.

Harrison had had enough. He summoned Hodgkin and in no uncertain tones stated that King and his supporters (*ergo* Hodgkin) were misinformed. Harrison reiterated his own strong support of missionary activities in Canada and elsewhere (undoubtedly true since Harrison was a well known Evangelical). Hodgkin, according to his own notes, in turn reiterated his own stand, although in deferential terms, and wrote to the Treasurer explaining that he meant no aspersions on the character and piety of the

Treasurer, but going to great lengths to justify his own position. It would not have occurred to him that this episode might have affected a future promotion.

Shortly thereafter, Dr. James Cholmeley, physician to Guy's, opponent of the use of the stethoscope (he suggested that it might be useful to hold daffodils in the Spring), a boring lecturer who plagiarized unmercifully the lectures of his predecessors, came to his heavenly reward. Addison, despite some misgivings and opposition, had the support of the Treasurer and was certain to be promoted to Physician, leaving open the post of Assistant Physician.

Hodgkin, who was in Lewes when Cholmeley died, and was recuperating from what seems to have been a depression and some type of neurological illness, was urged by Bright and others to hasten to London and apply. Now Harrison struck. He made clear his opposition to Hodgkin's candidacy, and, according to Hodgkin's own notes of an interview with the Treasurer, Harrison objected to Quaker reformism and to Hodgkin's participation in these activities. He also decried Hodgkin's participation in the founding of the University of London and his role as a Senator, disliked the idea of lectures at Spitalfields, and even dredged up some technicalities concerning Hodgkin's original enrolment as a pupil at Guy's. He referred also to Hodgkin's numerous absences due to illness. He had obviously done a great deal of researching into the reasons for rejecting the candidate. Recognizing some of the difficulties in his own stand, however, the Treasurer offered a device whereby a new Assistant Physicianship would be created. The new post would be junior to the vacant opening, and would not include the teaching and clinical responsibilities of the Assistant Physician, but would permit Hodgkin to remain as Curator of the Museum. Hodgkin refused, and Harrison said "Then I shall appoint Dr. Babington" and the interview ended. Harrison was quoted later as saying that he could not appoint anyone who drove around in London accompanied by North American Indians. Despite attempts by Montefiore, John Hodgkin, Jr. and others to muster support for the Quaker candidate, the Governors voted overwhelmingly to elect Benjamin Guy Babington to the post of Assistant Physician.

Babington was no mean opponent. Already an accomplished linguist, son of a distinguished Physician at Guy's, who, parenthetically (*sic*) had also been Elizabeth Rickman Hodgkin's physician, Benjamin Guy Babington was a brother-in-law of Richard Bright and had invented a device for viewing the larynx. He had called it a glottoscope, but Hodgkin had suggested changing its name to the more exact laryngoscope. Babington, a retiring, scholarly man did not contribute greatly to medicine, but he was a founder of the Epidemiological Society.

Hodgkin, after a severe depression, returned to his private and dispensary medical work and to his social philanthropy. He wrote of diabetes mellitus and called attention to the fact that many diabetics suffered from Bright's Disease. He became, with Southwood Smith, Physician to a new hospital for diseases of the skin. He was for a year on the

staff of St. Thomas's, apparently being brought there to rebuild the pathological museum, but left for reasons unknown. He continued to serve as a physician to free clinics, especially one for needy Jews in the East End and he wrote a great deal, drawing on his past experiences at Guy's and on his practice as a highly sought consultant.

He wrote of tapeworm in Abyssinia, and described retroversion of the aortic valves before Corrigan. He wrote a series of ethnological papers on the human races, on the domestication of the dog, on the extinct inhabitants of the Canary Islands, on the Aborigines of New Zealand, and on the need for a metric system in England. He played an active role in the medical section of the British Association for the Advancement of Science and in the Provincial Medical and Surgical Association which later became the British Medical Association. Disappointed at Guy's, disappointed at being forbidden to marry his first cousin Sarah Godlee because of a rule among the Friends against such marriages, he nevertheless continued to gain many honours. However, at one point he refused Fellowship in the Royal College of Physicians, because he felt it was unduly invidious. Several reform-minded physicians at the time had done similarly and the College's method of selection of Fellows was later changed.

Hodgkin's full and active philanthropic life is described below. It was medicine, as he stated it, that provided the means for expressing his concerns and his compassion.

No monument, of course, is greater than one's works, Here at Guy's Hospital where his most important medical work was done, it is more fitting than anywhere to quote the words that lie over Sir Christopher Wren's grave in St. Paul's Cathedral: "*Si monumentum requiris, circumspice.*" If you wish to see his monument, look about you.

Mrs. A. M. Kass:

Another Latin phrase sums up Thomas Hodgkin's contributions to social reform and philanthropy (we like to use these Latinisms, because it is exactly what Thomas did whenever he wanted to express himself succinctly). His letters and papers contain many classical allusions, written in the original language, which of course pleased his father who wanted his sons to maintain their proficiency in Greek and Latin: "*Humani nihil a se alienum putabat,*" is the inscription on Thomas Hodgkin's grave. Literally, "He thought nothing of humanity was alien to him." John Hodgkin Jr. chose it to epitomize his brother's life, borrowing the phrase from the Roman slave, Terence. It was a motto that Thomas knew well. He dedicated his medical school thesis to the geographer/scientist Alexander Von Humboldt with the words "*Nil humani a se esse alienum, nunquam non putabat,*" a slight variation of his own epitaph. When we examine its applicability to Hodgkin's life, we see that, indeed, it was his love for his fellow-man and his deep sense of a personal obligation to correct inhumane situations that made him a passionate reformer, engaged in a wide variety of activities on behalf of men and women throughout the world, most of whom never knew about his dedication to their well-being or of his determination to stay with a worthy cause, sometimes even to his own personal detriment.

The sources of Hodgkin's humanitarianism are not difficult to discern. Parental teaching emphasized duty and service to others, although one has the sense that his mother was as much motivated by fear of meeting her Maker and being held accountable for the sins of omission as by a genuine feeling of common humanity. However, the Society of Friends, with its strong emphasis on the brotherhood of man, was in the forefront of reform. Though William Allen, Luke Howard, Hannah Kilham, Elizabeth Fry, and Joseph Teggles Price were contemporaries of Thomas's parents, they became his own friends and mentors, as has been pointed out with regard to Allen and Howard.

Although the Friends were conspicuous as leaders in reform, and had a role out of proportion to their numbers, a strong sentiment of philanthropy and reform led many nineteenth century Englishmen to engage in an endless list of committees and societies created to eliminate obvious social ills. The underlying causes of social distress were seldom addressed by these men and women, but they had enormous confidence in their ability to effect improvements through promotion of self-help projects leading to gradual social change. Implicit in this humanitarianism was a belief that the morals and standards of their own middle class were worthy of imitation by the less advantaged in England and elsewhere. They were also certain that the arts and sciences, technology and industry of the Western European nations, and especially of Great Britain, placed them at the forefront of civilization and that they should help to spread the benefits of Anglo-Saxon life throughout the world. Many of the reformers were evangelicals who included the lessons of the Gospel among the blessings that must be disseminated. These beliefs became part of Hodgkin's creed, growing up as he did in a *milieu* of serious-minded men and women for whom the virtues of industriousness, purposefulness, piety and duty were paramount and where the seriousness of their concerns was seldom relieved by light-hearted humour.

But Thomas Hodgkin was more than a typical nineteenth century reformer. It is the additional qualities he brought to reform that make him worthy of the blue plaque unveiled today. These became evident when he was still an apothecary's apprentice working ten or twelve hours a day, studying geology and chemistry in his spare time, scrambling over the chalk cliffs with his cousin Sarah Godlee. Despite this gruelling schedule, self-imposed it's true, he made time to compose a lengthy essay which he rather grandly called *An Essay on Civilization*, criticising the explorers and colonists whose guns, alcohol and hunger for land threatened to exterminate the Indians of North and South America. Hodgkin's arguments for more humane treatment of the Indians had two components, one humanitarian in the style of William Penn and the Quaker colonists, the other anthropological. Hodgkin feared that the annihilation of so called "uncivilized races" would be an irretrievable loss to future study of the physical and cultural history of man. As an incipient ethnologist, he felt it was essential to prevent such a disaster. Not only did the essay reveal this social science quality of Hodgkin's humanitarianism, but it showed also that although he was a religious man himself, he was sceptical about preaching Christianity among people who were still unacquainted with the material benefits of

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western civilization. These two threads, an interest in his fellow man as an object of scientific study and a preference for civilizing before proselytizing, were permanent features in all his subsequent activities and distinguish him from many other nineteenth century reformers. Incidentally, the *Essay on Civilization* received heavy criticism because of its anti-evangelicalism.

Hodgkin's reformist activities covered a broad spectrum. As was evidenced in his early years, he had prodigious energy and was willing to devote long hours to any cause in which he believed. For example, while he was studying medicine in Edinburgh he found time to teach the inmates at the local jail. Never one to accept things as they were, not reticent to express his own ideas, he wrote a letter to the governors of the jail suggesting they alter the daily schedule of the prisoners to include time for productive activities, such as carpentry or rope making which would teach a skill and provide some income to be used after release. He visited Robert Owen's utopian factory village at New Lanark and, although he objected to mixed dancing and music-making among the inhabitants, he could appreciate the improved conditions in which they lived and worked, and he began to ponder how those aspects of Owen's scheme might be adopted by other industrialists. Later he was actively involved with Lord Shaftesbury's efforts to improve the lot of factory children and was a strong supporter of the Society for Suspending the Necessity for Climbing Boys. He became a member of the Committee of the British and Foreign School Society which tried to increase literacy among young people, and of the Society for the Diffusion of Useful Knowledge whose efforts were aimed at the so-called "working poor".

Many of Hodgkin's contributions stemmed from organizations which he created either himself or with a small group of like minded men, to meet a need hitherto unserved. One of the most interesting was the British African Colonization Society which was not well understood even in its own time and brought Hodgkin considerable criticism if not calumny. The issue was slavery in the United States. Most Englishmen, especially the Quakers, supported American abolitionists who demanded the elimination of slavery in the southern states. The abolitionists bitterly opposed a group called the American Colonization Society which had started Liberia as a colony of ex-slaves on the coast of West Africa. Abolitionists, both white and black, viewed colonization as a plot of slaveowners to remove troublesome free blacks from the United States and to divert attention from the inhumanity of slavery. The colonisationists justified their own activities on the basis that because free blacks would never be accepted as equals by white Americans they would be better off in their own separate nation in Africa. Hodgkin was deeply opposed to slavery, but he had doubts about immediate emancipation, even when the British ended slavery in their own colonies. More importantly for him the colonization of Africa by westernized American ex-slaves was a way to introduce civilization to the rest of Africa whose people he feared were in danger much the same way as the American Indians. He thought that Liberia would be an example to the Africans and would prove to the rest of the world that blacks could govern, prosper and create a successful society. In many ways, Hodgkin predated the separatism and nationalism which some American blacks espoused during the 1960s.

The Arts and the Deaf: Part I

by Juliet Goff

The Problem of Communication

People with normal hearing find it very difficult to imagine what it would be like to be deaf. This is probably due, in part, to the fact that we take our sense of hearing for granted, for sound can never be shut out in the way that darkness, or simply closing our eyes, can make us blind. Only those who have had perfect hearing and subsequently become deaf are able to describe the disability in terms that we, the hearing, might understand. Gilbert White does so in this exquisite passage from, "The Natural History of Selbourne".

"Frequent returns of deafness incommode me sadly and half disqualify me for a naturalist; for, when these fits are upon me, I lose all the pleasing notices and little intimations arising from rural sounds: and May is to me . . . silent and mute . . . and wisdom at one entrance quite shut out."

Such writing demands supreme mastery of the English language, but, ironically, it is precisely this faculty that so many of the deaf are lacking. All those who are congenitally deaf or who become profoundly deaf in early childhood have difficulty in learning and using language as a means of communication. Many survive – socially – for the rest of their lives on a small and essential vocabulary.

The difficulty in communication faced by the profoundly deaf (especially those with a high frequency hearing loss) is increased by the very nature of our language. They are less likely to hear the quiet high frequency consonants and so, often fail to understand what is said to them. Equally, because they cannot hear these consonants they are less likely to hear the quiet, high frequency consonants and so, often fail to understand what is said to them. Equally, because they cannot hear these consonants they are less likely to enunciate them clearly, and so it is not surprising that the speech of the deaf is often quite unintelligible to the listener. All these difficulties combine to produce an enforced isolation and loneliness. Beethoven, in the Autumn of 1802, wrote an extraordinary letter to his two brothers, from Heiligenstadt near Vienna, describing the sheer misery of being deaf.

"Born with a lively, ardent disposition, susceptible to the diversions of society, I was forced at an early age to renounce them and pass my life in seclusion. If I strove at any time to set myself above all this, oh how cruelly was I driven back by the doubly painful experience of my defective hearing! and yet it was not possible to say to people, "Speak louder – bawl – for I am deaf!" . . . From recreation in the society of my fellow creatures, from the pleasures of conversation, from the effusions of friendship, I am cut off. Almost alone in the world, I dare not venture into society more than absolute necessity requires. I am obliged to live as an exile."

Lack of communication, as Beethoven describes, engenders a lack of sympathy, and this in turn leads to a number of misconceptions amongst the hearing population. Possibly one of the most common is that deafness, in any serious case, means total absence of the sense of hearing. In reality, deafness is an 'umbrella term' covering a vast spectrum of hearing impairment. For the purposes of this essay there are three dimensions of deafness which should be considered.

1) *Severity of the handicap.* This may vary from an almost undetectable loss (of up to thirty decibels) to a loss so profound that the wearing of a hearing aid makes no difference to sound perception.

2) *The sound frequencies which are lost.* These will colour the effect of deafness. A hearing loss in the upper frequencies will have a more devastating effect on language development, as these are the frequencies of the consonants of our language, by which we distinguish one word from another.

3) *Age of onset of the hearing loss.* The effect of congenital deafness, or deafness caused in early infancy is obviously different from that caused at an age when language has had a chance to develop.

I shall not consider deafness that is temporary (often caused by middle ear disease) nor deafness associated with other handicaps (such as the rubella victim who may be partially sighted too), although these are very important. In this subject, I am more concerned with the question of how being deaf affects participation in, and appreciation of, the various art forms, and how art may alleviate the handicap of deafness.

The Visual Arts

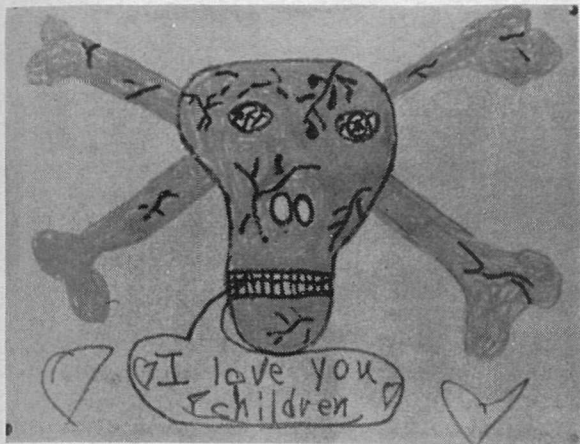
In the communication of images or ideas, the visual arts, drawing, painting or sculpture, use space, line, form, texture and colour to replace words. It has been observed in America, that as an artistic medium, visual art has an especially useful part to play in the education of deaf children. Art is one of the few subjects taught at school in which vision is more important than the ability to hear, and so the deaf child, for once, can be involved in the subject, at a level with his hearing peers.

Some children are able to use art as an emotional outlet, to express a feeling which would be inadequately communicated to the hearing world by gesture alone.

Art is also useful in providing information for teachers, which would otherwise be unavailable. At an individual level, fears, worries and special interests may be expressed by a child in his drawings.

Many aptitude or intelligence tests rely on some element of verbal communication. This results in deaf children being falsely labelled so that they are placed amongst children of low ability. A purely visual test, if it could be devised, would provide more accurate information about the ability of the deaf child.

Many have thought that the deaf lack a sense of imagination, (although it is not clear whether this is so, or if they simply lack the opportunity to use and develop this capacity), and imagination is an essential prerequisite to thinking in the abstract. If a deaf child's artistic skill is developed, he may use a painting to express an abstract thought, such as he never would be able to express in words:



A twelve-year-old uses his painting to express the concept of insincerity – that someone who says one thing may mean quite another.

(The above, and the following two illustrations are taken from the catalogue of the exhibition, "Shout in Silence – Visual Arts and the Deaf", shown in the Metropolitan Museum of Art, in 1976)



An eleven-year-old suggests by his drawing what it feels like to shout in silence

If a deaf child develops a particular interest and ability in the visual arts, this should be encouraged and nurtured, for it is one of the few occupations where severe hearing loss does not automatically disqualify him, or even place him at a severe disadvantage.



Although five feet and six inches tall, the artist drew herself in this picture as the tiny figure on the right separated from the rest of her family by a tree

Art, in any form, can be enjoyed without being its creator. One does not have to paint like Rembrandt in order to appreciate a masterpiece. Where the visual arts are concerned, the deaf stand at an equal footing with the hearing world. Sometimes the subject may be auditory, for example Augustus John's portrayal of Madam Suggia playing the 'cello.



In spite of this, the viewer does not really imagine the sound of the instrument being played, he simply admires the whole composition in visual terms: the folds of the material of her dress, the shining varnish of the 'cello, Madame Suggia's air of total concentration, and her wonderfully aristocratic countenance.

In the Cluny Museum in Paris hang six exquisite examples of French tapestry, the group known as, "The Lady with the Unicorn". Five of these depict the five senses. But, even here, the deaf observer could hardly be said to be 'missing anything' as he looked at this masterpiece, ostensibly portraying the sense of sound.

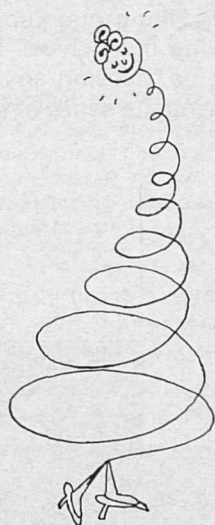
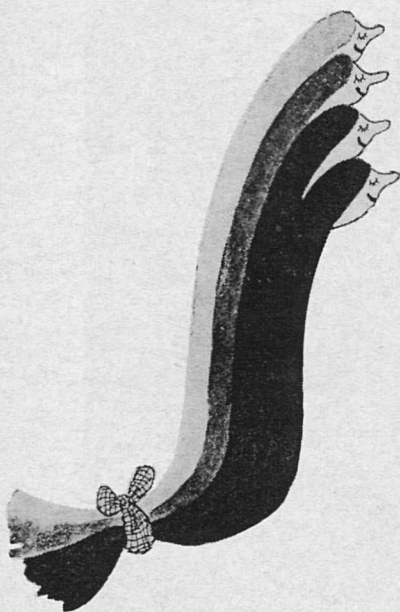


Hoffnung is one of the very few who, by his simplicity of style and sheer wit, manages to conjure up in our minds the noises he describes visually. Here, the deaf observer cannot help but appreciate the mood which each anthropomorphic sound conveys.

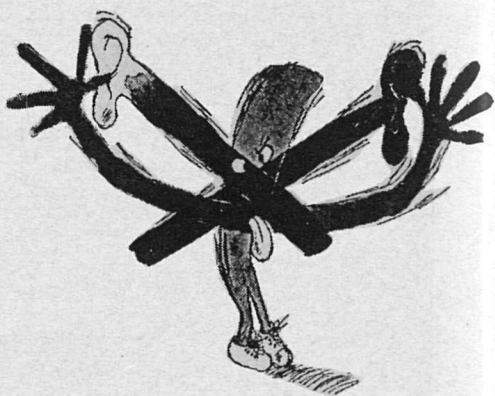


A Hum

A Chord



A Ping



A Discord

from 'Hoffnung's Acoustics'

Dental Notes

by Mr. A. D. Robinson and Dr. S. J. Challacombe

The Methodist Church at Buxton was filled to capacity by those who attended the memorial service to John R. Willis on Monday, 5th August. The congregation included 45 students, graduates and staff from Guy's.

John died on 29th July following a motor car accident. This tragic event was a great shock to the Guy's dental community. He had qualified only a few weeks before and was about to take up his position as Dental House Surgeon. John Willis had been Honorary Secretary of the Dental Society during 1984-85. It is understood that the present Dental Society Committee will be considering how fittingly to honour his memory.

We are glad to report that Miss Bridget Doubleday, who was travelling in the car as passenger, had a miraculous escape and was quite uninjured.

Nursing

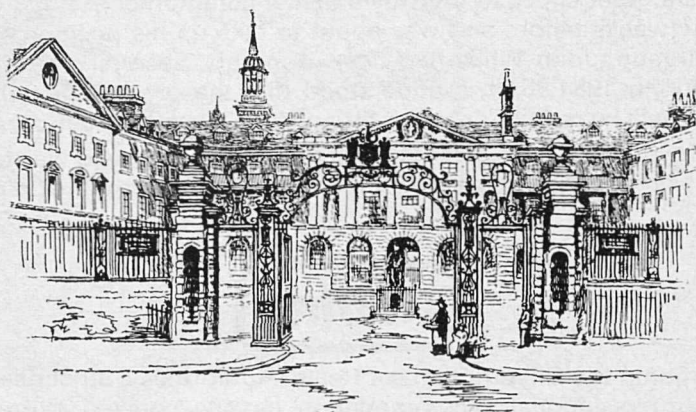
This month the Government set Health Authorities a strict deadline for disposing of residential accommodation despite concern expressed by members of the nursing profession. The original problem centred on the run-down conditions faced by many N.H.S. personnel, particularly learner nurses. A solution was put forward in 1984 following the Rayner scrutiny of N.H.S. accommodation. The proposals seemed to suggest that two-thirds of residents could be displaced, the properties sold and approximately £750 million pounds saved. This brought a storm of criticism from the professional bodies and Inner City Health Authorities, some thinking the solution rather impractical to implement. A number of Districts pointed out that they relied on nurses' and doctors' residences as a recruitment feature. Would they continue to attract staff?

The latest circular requests Health Authorities to sell off all currently vacant accommodation by the end of 1986 and suggests they prepare to implement fresh policies by the end of 1987. Initially it was proposed that only first-year learners be accommodated, though a greater flexibility now seems possible. It is also encouraging that decisions can now be made on the basis of local conditions. It still seems, however, that the DHSS plans to evict large numbers of staff from cheap, convenient housing into inner city areas suffering the poorest housing conditions for many years. Discounts can be offered to staff wanting to buy their homes if not needed by the Health Authority, and those who are evicted will be given twelve months to go. Reasonably attractive accommodation, particularly in deprived areas, has always been an inducement for learners to train with a particular hospital. Pay never was.

One may only wonder at the long term effect of the proposed changes.

N. Thistleton
Senior Nurse Tutor

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Physiotherapy

"What to do if you failed to make the grade" is the message of a Sunday newspaper article to recipients of their A-level results. Lists of twenty or so possibilities, with the number of applicants per place and probably grades demanded, are laid out for those who have failed to attain the levels of their original offer. Drama is bad news, apparently, which may account for the impassioned pleadings received towards the end of August from those whose life-long ambition it had been to become a physiotherapist, but who, protesting, had been forced to apply, first, for medieval poetry and, later, for the dramatic arts. Architecture is not much of a better bet, but its applicants would not seem so well equipped to demonstrate the relevance of physiotherapy as an alternative career.

Geography, Law and Accountancy are the next most hotly-contested late options, with Pharmacy following close behind, and we have certainly had some of these unsuccessful second-choice applicants try us as a last resort. No doubt one could concoct appropriate reasons for each of them to bend their thoughts in our direction.

What should we do with these failed degree-course applicants who think that our diploma will provide a haven in which they can shelter? Many of them will be highly-deserving, well-intentioned young men and women. Many of them will have been directed towards University as a goal, as a "career", when a vocational education may have been more appropriate.

However, there will be some tens of hundreds of aspirants waiting for late vacancies in our own clearing system. A major fault in our selection procedures is that, whereas in the UCCA system an applicant is considered by all his first-choice universities or colleges at the same time, our candidates have to list priorities and will be looked at only by one first-choice school at a time. Thus, it is very unlikely that Guy's, King's, or Thomas's, for example, would ever see their second- or third-choice applicants, having offered all their provisional places to their own first choice applicants. In the files of the Central Admissions Unit, therefore, there will be some very good candidates, who because of the competition, did not quite make it at St. Thomas' Hospital, King's College Hospital or Guy's, but who may be better than those already accepted by less sought-after Schools.

If we do have people failing to reach the minimum grades we require, our first call must be on these unplaced candidates in our own clearing system, provided always that they support their grades with appropriate personal characteristics. We keep a list of stand-by applicants who did not receive an original offer because of some minor quirk of theirs – or ours – and each year's pass-lists feature some of these from earlier fill-in

situations, often qualifying with merit or distinction. Conversely, our original standards are not infrequently vindicated by the struggle we all have to bundle the contestant across the finishing line.

Our first call, then, is on these, but we will not close our minds to unsuccessful would-be psychologists or biological scientists, for example, if they look to have those additional, difficult to define, attributes to which our senses are alert. Wealthy parents? We do hope we are not reduced to that.

Ronald Cooper

The Bore Report

Continuing, by popular demand, the informal, bigoted and progressively less coherent remarks of our resident alcoholic Cedric Bore. All information gratefully received. Any resemblance to any person living, or preferably, dead is accidental, and in many cases deplorable.

The psychiatrists in this hospital have long been recognised as masters of the mixed metaphor. A recent lecturer surpassed herself, however, with the following gem: "In psychiatry we use therapeutic sledgehammers to crack nuts." Two days later another shrink obliged with the following clerk-in: "Alcoholic, drinks 1½ bottles of whisky a day ... Patient describes himself as low in spirits."

Shock! Horror! Sniff! The first thing that any would-be Casanova has to learn is to cover his tracks. Would Sniffer therefore kindly explain how his tin of BM Stix came to be found under a midwife's pillow? We should be told.

Readers will be relieved to hear that one of the most unique genetic pools at Guy's has been saved by the skill of the King's microsurgery unit. It seems that Chapeau came within a hair's-breadth of a vasectomy when a glass he had placed between his thighs mysteriously shattered at the recent Leavers' Ball. Unable to face the ridicule of the Guy's casualty, Chapeau walked over to the Denmark Hill abattoir and had his wedding tackle repaired there, still resplendant in his Oxfam D.J. Helen is said to be relieved.

Cedric Bore

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Correspondence

Bon Appetit

Dear Sir,

The late Dr. Peter Bishop in his lecture on alimentary physiology claimed that the French had invented the ideal succession of foods in a meal.

I would be grateful if anybody who has notes of his lecture would let me have a photostat.

Yours truly,

PAUL S. CLARKE,
173 Macquarie Street,
Hobart, Tasmania,
Australia.

Book Reviews

"Rheumatology (Colour Aids)" by J. M. H. Moll. 1st Edition. Pp.155. Cover S. Published by Churchill Livingstone.

This is one of a series of colour aids booklets which are designed to show students the main features of common and important conditions. The book is small and can easily slip into a coat pocket. It is very nicely produced, the format being that on one page there is text relating to one condition and on the opposite page there are coloured photographs demonstrating the clinical or radiological features. The quality of the text is excellent, as is the quality of the reproductions and I think it will be very useful to postgraduates.

Dr. R. GRAHAME,
Consultant Rheumatologist

"Aids to Radiological Differential Diagnosis" by Stephen Chapman and Richard Nakielny. 1st Edition. Pp. 375. Price £8.50. Cover S. Published by Ballière Tindall.

This is an excellent book of lists of differential diagnoses in Diagnostic Radiology. It is divided into two parts. The first part consists of lists related to the various body systems, with the surgical sieve classification used for longer lists with, however, the commonest cause listed first. There are no X-Rays within this book, however there are some line drawings to illustrate a point and the lists do include references for further reading.

The second part of the book consists of various common diseases with a list of their radiological features. Again some references are included in this section.

This is an absolutely excellent book for anyone undertaking the radiology exams

when used in conjunction with standard radiological text books. Unlike the other well known radiological book of lists, this book does not include all the very rare causes but only the common causes that you are likely to remember and to come across. It has the advantage that it is a paper-back and will fit easily into the pocket and can be carried with one everywhere and I could heartily recommend it to any radiologist, whether they are a registrar in training or fully qualified.

Dr. S. RANKIN,
Consultant Radiologist

"Medical Nursing" by Gillian M. Newton and Clive Andrews. 10th Edition. Pp. 278. Price £2.95. Cover S. Published by

The revised edition of "Medical Nursing" has adopted a problem-solving approach and looks at individual nursing care.

It includes two new chapters. The first, "People in Hospital", introduces us to the nursing process with the admission of the patient and highlights the importance of psychological care and the need for good communication skills. The second chapter is devoted to "Care of the Dying" and includes a valuable section on pain control.

The book covers common medical problems whilst remaining concise in size and content. Relevant references should stimulate further reading.

Considering its reasonable price I would recommend this book to the nurse learner as up to date and useful.

J. DOBSON,
Clinical Teacher

"Surgical Nursing" by Maureen Wilson.
11th Edition. NAS. Pp. 180. Price £2.95.
Cover S.

This attractive volume promises much in its foreword in that it claims to be completely rewritten and now uses a "problem oriented approach" to surgical nursing. Reference is made to several "Models of Nursing" in the introduction, but wisely, no specific model is used in the text.

The first of the ten chapters deals extensively with surgical nursing in general and this is then supplemented by nine shorter pieces relating to the major branches of surgery. The care is described more in a "Needs Satisfaction" mode as opposed to the "Problem Solving" described in the foreword. This is acceptable unless one were trying to learn how to write problems in the Surgical Kardex.

The actual nursing care described is brief and to the point giving general principles for each speciality. It allows for local variation without losing impact as regards importance of certain procedures. However, in focusing on the specific care for each branch of surgery, learners would be well advised to include the fundamental care also required by the patient when planning or revising.

The use of print is good and major points are highlighted. The line diagrams are also cleverly positioned even if they are sometimes a little cramped. Further reading lists are to be found at the end of each chapter which are invaluable, particularly as these relate to some degree to "nursing" articles.

The appendix is comprehensive with a sensible amount of information. Although certain specialist topics have been omitted, neurosurgery for example, the volume provides for the majority of the surgical nursing likely to be encountered by the learner and to a depth that is acceptable. Good value.

PAUL SAUNDERS,
Nurse Tutor

"Auscultation of the Heart - with notes on observation and palpation" by Richard W. D. Turner, Ronald G. Gold. 5th Edition. Pp. 175. Price £3.95. Cover S. Published by Churchill Livingstone.

In spite of major technical advances in Doppler and echocardiography and the established place of cardiac catheterization, all of which provide important anatomical and haemodynamic information on cardiac disorders, clinical examination remains the

fulcrum of management of cardiac disorders. It is crucial, therefore, that the fundamentals of auscultation are understood early in a medical career.

This useful and readable pocket-sized book (in its fifth edition) deals thoroughly with auscultation of the heart and contains useful lists which help the embryo cardiologist think in a logical fashion about the underlying condition. I had no major criticism of the text although I think that students should be taught that the rate of rise and amplitude of the carotid pulse provides more useful diagnostic information than the radial pulse. This approach would remove some of the conceptual difficulties with the traditional, but in my opinion, largely outdated terms like "volume", "collapsing" and "water-hammer". But this is not to decry the diagnostic or therapeutic value of examining the arm pulses!

I can recommend this volume to all medical students and I suggest that they read it early in their clinical course as a prop to careful and enthusiastic bedside practice. Auscultation of the heart is a tricky art to learn and I think this book will help remove the fear that it generates in many students.

CLIVE E. HANDLER,
Department of Cardiology

"MCQ Tutor: Medical Immunology" by Ruth C. Mathews and James P. Burnie. 1st Edition. Pp. 193. Price £7.95. Cover S. Published by William Heinemann.

This book is a collection of MCQs covering basic and clinical immunology for students of medicine, immunology and candidates for higher examinations of the Royal Colleges. The subject matter is divided into nineteen chapters and the variety of questions in each chapter is fairly well done. Two chapters did not give a true representation of their importance in today's world of immunology, namely those dealing with monoclonal antibodies and the HLA system. The answers to questions are explained and I found this helpful in those subjects a little outside the main stream of immunology. As with all MCQs some of the answers could be hotly disputed, and for those interested enough to pursue the matter there are references given in the bibliography. My copy had several pages of poor quality print. For the examination conscious candidate this book will be helpful and value for money.

Dr. P. S. SHEPHERD,
Senior Lecturer,
Chemical Pathology

"The PMT Solution: The Nutritional Approach" by Drs. Ann Nazzaro, Donald Lombard and David Horrobin. 1st Edition. Pp. 176. Price £4.95. Cover S. Published by Adamantine Press.

Pre-menstrual syndrome is apparently a whole set of ills caused by nutritional deficiencies. The basis appears to be that gammalinolenic acid (GLA) is an essential fatty acid, a precursor of prostaglandin E1 on which all symptoms are said to hinge. The most ready source of GLA is evening primrose oil, but zinc, all vitamin Bs, vitamin C, vitamin E, tryptophan, chromium, magnesium and aspirin are essential cofactors. A degree in maths and pharmacy allows one to work out one's dosage, PMS vanishes and a really nice person emerges.

There is a stiff paragraph or two on how to choose your physician (ask for a C.V. and check he makes you feel relaxed and does not charge too much) and no explanation as to why men do not get equivalent problems.

Miss M. H. THOM,
Consultant,
Department of Obstetrics
and Gynaecology

"Multiple Choice Questions: Book 4", Nurses' Aid Series. 1st edition. Pp. 47. Price: £1.95. Cover: Soft.

Student nurses already familiar with the series will welcome this fourth book. It considers aspects of obstetrics and gynaecology and microbiology.

All the questions in the book are of the four option multiple choice type and most have only one correct answer. However, some of the questions ask the reader to choose a combination of answers that are correct. I have reservations about the inclusion of the latter format.

I was impressed by the case-history approach and would like to have seen this extended. Unfortunately there is no discussion of correct answer or distractors used and this does detract somewhat from the value of the text.

Nevertheless, I imagine that student and pupil nurses could find this very reasonably priced book useful for stimulating further consideration and discussion of problems posed.

N. THISTLETON
Senior Nurse Tutor.

"Anatomy as a Basis for Clinical Medicine" by E. C. B. Hall-Craggs. 1st edition. Pp. 658. Price: £27.50. Cover: Hard. Published by Pitman.

This is a good textbook of Anatomy. The descriptions of structures are clear and concise and are accompanied by numerous diagrams, many of which are coloured. The amount of detail is suitable for medical students in the United Kingdom and the price is reasonable for such a book. Of particular note is the provision of a fair number of good radiographs, sonograms and other imaging methods, to support the texts and other illustrations.

It is in this area of illustration that the book is weakest in that while the colour is useful in picking out nerves and vessels, it has been used less successfully in colouring muscles and other large structures. Here the effect is often to confuse rather than to clarify.

Finally it must be said that there is really not a great deal to commend this particular text above many other modern texts, or some older ones, but it can be safely recommended to take its place as a useful textbook for students of anatomy.

Dr. E. C. TATCHELL
Lecturer, Dept. Anatomy.

"Colour Aids: Neonatology" by R. Thomas/D. Harvey. 1st edition. Pp. 123. Price: £4.95. Cover: Soft. Published by Churchill Livingstone.

Many conditions in medicine are best described pictorially. This handbook uses 173 colour photographs to illustrate the normal and abnormal in neonatology. Each photograph is accompanied by a brief text describing, in short, headed paragraphs, the incidence, aetiology, pathology, clinical features, significance, course and prognosis of the condition.

The authors themselves point out that this is not intended to be a comprehensive textbook of neonatal medicine, but a brief outline of neonatal care and conditions which can be represented in clinical photographs. However, the high quality photographs are guaranteed to imprint themselves on the memory and to stimulate interest for further reading.

The book could also provide a useful tool for self-testing in the pre-examination period.

LESLEY REES
Lecturer, Dept. Paediatrics.

"Psychiatric Nursing" by A. Altschul and M. McGovern. 6th edition. Pp. 348. Price: £3.50. Cover: Soft. Published by Ballière Tindall.

Readers familiar with previous editions of this well-known book will notice several necessary changes. The section on the Law has been updated and further material added in areas which are the main issues in contemporary psychiatric nursing, such as care of the mentally ill, community care, behavioural techniques and the application of the nursing process in psychiatry. The format is unchanged and the book is well produced in the tried-and-trusted style of other books in the extensive Nurses' Aids Range.

It will have its critics among those who feel that a more academically vigorous approach is required for today's nurse, but others will feel that its avoidance of intellectualising is its greatest asset. I would opt for the latter point of view and suggest that newcomers to psychiatric nursing will continue to find this a valuable introduction to the field. References are provided to take the reader further into each topic. This book is still the best basic book and its attractive presentation and even more attractive price make it excellent value.

IAN PALMER,
Nurse Tutor.



Back row: Sharon Turl, Dawn Duncan, Su Frampton
Front row: Wendy Harris (Capt.), Ruth Morgan
Also played: Katie Costain

LADIES SQUASH

Ladies London Hospitals' Squash Cup

After a season of much enthusiasm and determination, Guy's ladies squash team

managed to equal the men's achievement of winning the London Hospitals' Cup. Players included Su Frampton, Katie Costain, Dawn Duncan, Wendy Harris and Ruth Morgan.

The first round match was played against St. Bartholomew's Hospital and won fairly convincingly 5-0, followed by a similar result over the Royal Free Hospital in the second round. The semi-final against Charing Cross was played at home in a fiercely contested match with a 3-2 victory for Guy's. Having reached the final, it was unfortunate that it couldn't be played on the same evening as the men's as our opponents St. George's were on a skiing trip! And so it was arranged at a later date at Guy's. In the final, aided by support from other members of the squash club, the matches were closely fought, although the final result was a 4-1 victory to Guy's.

Credit must be given to all the players who not only performed well on court but also helped out with the "entertaining and refreshing" of the opposing teams. Thanks also must go to the Thomas Guy Club for the use of their courts and to the Medical Sickness Society for financing refreshments at the final.

University of London Ladies Squash League

After promotion of Guy's Ladies Squash team from the 2nd division to the 1st division last season, Guy's were able to enter two teams - one into each division. In the Ladies 1st team there was a consistent side made up by Katie Costain (1), Sharon Turl (2), Wendy Harris (3), Ruth Morgan (4) who finished in a respectable position in the top half of the division.

The ladies 2nd team, captained by Alison Law, finished half way up in the 2nd division - the team having been more waned throughout the season due partly to injuries and other sporting commitments of the players. However, players included Alison Law, Susie Banks, Janet Neal, Fiona Grant, Kim Chesterfield and Helen Buckland.

We say goodbye and good luck to Sharon Turl, who has played for 2 years in the squash team. She recently qualified and is leaving this autumn and has always played with much enthusiasm and helped out with many of the home match refreshments.

Finally, after two years of being ladies captain, which I have thoroughly enjoyed, Ruth Morgan has kindly agreed to take over.

**Wendy Harris,
Captain.**

NB. Squash team trials for both teams will be held as advertised at the Freshers' Fair.

CRICKET CLUB

The following includes the results of the matches which have not yet been reported in the *Gazette*. There are also full accounts of some of the more important and interesting games played. As promised in the last edition of the *Gazette* an end of season report will appear in the Freshers' number.

Sitting on a warm sunlit balcony in Zurich on the first leg of my continental visiting spree the confrontations which I am about to recount are a little hazy in my memory and somewhat trivial in the great scheme of time and experience. However I will endeavour to work myself up into a partisan passionate fervour and deliver an accurate and honest monologue as only Guy's cricket captains can.

vs. Old Citizens

Guy's 164-5 dec.

(Murch 73, Cranston 42*).

Old Citizens 121-7

(Shannon 3-35, Cranston 3-19).

Match drawn.

vs. Lonsar

Lonsar 111 all out.

(Pocock 6-39).

Guy's 114-3.

(Pocock 46, Masani 32).

Won by 7 wickets.

vs. St. Mary's

St Mary's 234-4 dec.

(Yawn) Shannon 3-41.

Guy's 88-6.

(Pocock 33).

Match drawn (deeper YAWN).

vs. Past

As I recall I won the toss and chose to bat. We batted first anyway. What followed was a priceless display of controlled aggression from Martin Murch who was promoted to opener by the conspicuous absence of Pocock at the start of the match. Murch had reached his fifty when the first wicket fell at 68 with Davies out for nine. Prior to this Pocock had rolled up in tow of a young lady whom he had met, he assures me, accidentally. In an attempt to show his displeasure at the delayed arrival of the afore-mentioned protagonist the skipper delivered a small speech about apathy and the like to which Pocock (I dare not call him Chris for fear of you confusing him with his mentor) sagely replied, "let him who is without sin cast the first stone". After rhetoric of such astounding morality I was in such a daze that upon arrival at the crease

afterwards I foolishly advised the majestic Murch not to get out before the luncheon interval. This was advice which he was not keen to hear. Unfortunately he was dismissed a few moments later. I somehow did not feel my point had been proved, more that my comment had been gratuitous, detrimental even. Murch ended with sixty-three including nine fours. His was a batting force which we severely missed in the cup match we were to play a week later.

The departure of Murch brought Cranston in to bat. He survived to lunch probably by skillfully avoiding the strike although I couldn't be certain. However not at all long after the break he fell to King who had conceded only five runs in his previous eight overs. Pocock arrived and dispatched King positively for three with his very first ball. Sadly this was to be his only contribution of the afternoon. Controversy was clearly in pursuit of him on this particular day because from my position at the bowler's end he was clearly not out to a supposed catch behind the wicket. Left arm orthodox off-spinner Hett was in operation from the embankment end and succeeded in getting the ball to turn sharply past the outside edge of Pocock's from a line of middle-stump or so. With Hett coming around the wicket the author was positioned at the mid-on side of the bowler's wicket directly in line mid-on to first slip, the line which the ball followed after it had spun. In deference to Richie Benaud who always tactfully states that the umpire is in the best position to judge, the skipper and Pocock both agreed (for a change) that the author was on this occasion in a very favourable position to see what actually happened. However the departure of Pocock was not in the end a serious problem because Brink happy to carry on in the style which Murch had employed had found in Bailey the ideal partner to take the attack to the opposition. Bailey hinted at his true potential as a quick-scoring middle-order batsman with a very authoritative six off the bowling of the otherwise un-pummelled King. Predictably he fell for 29 to his bestial instinct to slog across the line which he could do with overcoming if he wants to score five hundred runs for Guy's next season. Brink was next out with sixty-one, trying as is his wont to reach the elusive three-figures exclusively with late-cuts off leg stump from halfway up the wicket. The innings was spiritedly maintained by Tucker who made twenty-two. Guy's were all out for a pretty reasonable two hundred and

twelve. Young King had taken six of the wickets for fifty-six.

The batting line-up of the Past team was rather formidable reading: Bass, Glover, Rees, Neild, King, Williams, Karani, James, Munro, Hett, Davoudbhoy. It was therefore with some trepidation that the Present took to the field looking for an early breakthrough. Shannon who is not a shy fellow when it comes to a confrontation was not happy to tolerate the manner in which Glover had crashed him for a two-bounce four over the longest boundary. In his next over therefore he slipped in a quicker one which Glover played all round being comprehensively bowled for seven. One over later to the newly arrived Rees, Gavin bowled what must have been the best delivery of the 1985 season. The ball travelling very briskly swung in to the left-hander and cut back away off the seam clipping the off-bail delicately and leaving Rees staring bewildered down what clearly must have been the wrong line. Bass and Neild managed to recover from 15 for 2 to bring the Past an extra fifty runs before Tucker had Bass caught at mid-off by Thomas. Neild fell to a catch in the deep again off the bowling of Tucker, Bailey taking the catch comfortably. King was beginning to look assured when he cut a long-hop from Pocock firmly into the hands of Brink in the gully. Major inroads had been made in to the batting of the Past. Alex Williams rallied their interests by making easy work of that difficult-to-dispatch brand of chinamen bowled by the Guy's skipper, but allowed his blood to boil a bit too much by falling to the straight ball which Richard Vowles always bowls on the fourth ball of the over after the batsman has knocked the third one for four. So Williams brief but eventful sortie to the middle had ended with him scoring forty, but the Past left with their tail between their legs. Cranston lopped off the afore-mentioned tail very efficiently taking a wicket in each of his last three overs. At the end the Past had one hundred and fifty-two an excellent win for the Present and one which certainly showed the latent potential which perhaps did not appear in as many of the other games as it could have done.

vs. Old Lambethians

Old Lambethians 154-8. (Shannon 4-35, Pocock 3-70).

Guy's 142 all out. (McGuckin 71).

Lost by 12 runs.

**U. H. Cup Quarter Final
vs. St. George's**

St. George's were beaten last year in the first round of the U. H. Cup by Guy's. This time Guy's had not had the benefit of any previous Hospitals' Cup games having got a bye in the first round. These matches always require a performance of real determination from the team as a whole if they are to be won. In the Cup run last year the results were achieved in a manner which defied logical cricket strategy and probably the members of the selected eleven somehow assumed that we would pull through as we had done last summer. However hopes that a win would be accrued were not fulfilled due to the inability of the team as a whole to "pull the finger out" for want of a better phrase.

St. George's batted first, Brink having lost the toss. In spite of Williams taking five wickets for forty-five runs, St. George's managed to score two hundred and eighteen for the loss of eight wickets from their allotted sixty overs. By the usual standards of the competition this is regarded as a fairly impregnable total. This general rule was proved right again as Guy's stumbled to 116 all out. The tragic features of this rather pathetic display included the senseless run-out of Simon Crowther who must still feel sick as a parrot even now; the collapse of the middle-order is a feature which spectators at Cup-matches are becoming familiar with, but dare I say that with the dismissal of the No. 3 real thoughts of victory had departed from the minds of the punters.

I suggest that for future Cup-matches those who feel they can be regarded as cricketers actually take the trouble to learn how to catch, run, bend over and as a real bonus to their team have the guts to shoulder some responsibility in a show of real concentration and determination.

vs. Crofton Park

Crofton Park 123 all out.
(Cranston 4-24, Shannon 4-47).

Guy's 125-7.

(Brink 72, Cranston 34).

Won by 3 wickets.

vs. Gray's Inn

Gray's Inn 156-7 dec.

(Tucker 4-50).

Guy's 122-6.

(Singh 50, Brink 33).

Match drawn.

vs. Brixton West Indians

B. W. I. 177-9 dec.

(Singh 4-36).

Guy's 113 all out.

Lost by 64 runs.

vs. Honourable Artillery Company

Guy's 158-9 dec.

(Davies 38).

H. A. C. 160-4.

(Love 3-15).

Lost by 6 wickets.

vs. Cosmopolitan A. S. C.

C. A. S. C. 192-8 dec.

(Pocock 3-71).

Guy's 191-8.

(Brink 87, Pocock 31, Cranston 29).

Match drawn.

As you can see the last game was incredibly close. This was largely thanks to the skipper of the opposition who brought on some pretty bad spinners after some of the Guy's boys had taken a few in the ribs from the quickies. Don't read too much into the score of Brink who was bowled second ball except the bails did not fall off. What luck eh, run race and all that, tough.

Diplomatic Foreign Correspondent

TOUR REPORT - CORNWALL '85

Here follows a story of great courage, bravery, guts and a fight for survival. At a time when most sensible people were tucking into their Easter eggs, the Rugby Club were touring the darkest regions of Cornwall. They were searching for fun, frolic and a few beers: All were found in great store. However, there were three games of rugby to be considered during the festivities.

As is traditional on such trips, a tour theme was needed and this year it was to be suits. On the Thursday morning, the day of our departure, there was not a suit left in any charity shop within a two-mile radius of Guy's. Consequently when all the participants had assembled at the Horseshoe Inn by lunchtime it appeared to be a down and outs convention. Judging by the smell emanating from some suits the gathering could have passed for one. Little did these people know that underlying these articles of so-called clothing lay razor sharp and finely tuned sporting machines. Bob Dyer had the pick of the bunch for a suit; it was a red velvet number that wowed the whole party, well done Bob.

The mini buses arrived at 2.00 pm but one had been slightly damaged due to some maniac French lorry driver not allowing "skips" to overtake him on a roundabout – better luck next time Jamie.

Our trip down to the West Country was a quiet affair: There were frequent stops at most motorway service stations to show off the latest London fashions and also to relieve a few aching bladders.

We arrived at the Roslyn Hotel, Falmouth at around 10.30 pm. We were greeted by our host Bert Gates and his staff. Mr. Gates announced that the bar facilities would be available for as long as was required. The chaps hailed this news with 3 hearty cheers and proceeded to make him regret his benevolent act. By about 4.30 am we were ready for bed and so pleasant dreams were wished to all and so we retired to our rooms. Docker and the Mince had retired early to try out the honeymoon suite.

Friday 9.00 am

Yes it is breakfast time and the majority of mouths feel like the bottom of budgies' cages. As usual the latecomers had to consume a pint of "good for you" beer. After a very filling Roslyn grill, the team was selected to play one of those afore mentioned games of rugby – but after the previous evening's entertainment and the breakfast there were a few reluctant people, including Jamie someone.

The tour party decided to visit Portleven before the match and sample the local smuggled rum. This picturesque and tranquil setting proved to be a relaxing tonic to the previous evening and helped to keep the team's minds on the match.

We arrived at Helston rugby ground with a police escort – which had been supplied by our hosts – Jamie was greeted personally by the Chief Inspector and they seemed to get on famously because the C.I. took Jamie's home address and telephone number! The rest of the party continued to be treated like V.I.P.s by the Helston members. Speaking of "members" Mike Seare had purchased some sherry for our supporters' half time refreshment which was very decent of him – well done Mike.

All that was needed to complete the "happy family" from Guy's was our president. El Presidente had a very quiet appearance at Helston in comparison to the main convoy, but by the look of his car he too had encountered that same maniac French driver. Undeterred by this injury to his

car/pride El Tel was keen to play and vent some pent up energy.

The game was keenly contested, but Guy's had the better of their opponents for the majority of the match. Our young side displayed fine ball skills and inventive running particularly Docker who seemed to be in inspired form – may be the honeymoon suite is to his taste? – he crowned a first class performance with an excellent try, Chew failed to convert.

The pack proved too mobile for Helston and with Whitfield and Roberts in the second row their sheer power and aggression made it impossible for us to lose! Scanlon scored a second try for Guy's to end a fine move through the centre of the park involving most of the forwards and Guy's looked in a strong position. Guy's continued to play entertaining rugby and run some, almost painfully obvious, kickable penalties; this ultimately lead to our "impossible" defeat.

Helston kicked 3 fine penalties which won them the match 9-8. A special mention must go to Andy Gerling who made an emotional return to a Guy's rugby side. He was, typically, in tears most of the game. Apparently someone had played a sneaky trick on him by mentioning Nikki Coppock – an old flame by all accounts. He also played well and showed some good skills.

After the game we were shown hospitality second to none by Helston and a fine evening was had by all. Our supporters who gave undying vocal support in the afternoon carried on giving a most weird and entertaining performance in the evening much to the amusement of all not concerned.

We returned late to the hotel for more refreshment from Mr. Gates. Dom Flanagan, who was asleep for most of the afternoon, collected a pillow from his room and placed it under a table and resumed his earlier activity. Apparently his reason for this was he didn't want to miss anything!!

Saturday 9.00 am

After another hearty breakfast Mr. Gates opened the bar, what a decent chap. Today we play Truro and Charlie Poppelwell has been made captain for the day. Charlie who appeared somewhat depressed at being the oldest man on tour cheered up after the news of his promotion reached him.

The morning was spent in Falmouth shopping. Pat Davis and Piltdown both purchased new outfits, the latter picking out a very

fetching hat – white cossack style. Unfortunately one of our party had acquired some hair dye spray and the obvious consequences occurred. (Mark O'Connell shall now be referred to as Blue Beard.) Meharg managed to be thrown out of the local chemist for looking offensive while trying to buy some film for his camera. After this fairly productive morning's activities we met on the dock front for lunch and an ale before setting off for Truro.

By now a red stain had appeared on Pilttdown's hat; apparently someone had shot him to put him out of his misery. He didn't feel anything.

Truro rugby players must have thought they were going to run up a cricket score when they set eyes on the Guy's multitude, and a good time was had by all.

Skull Cracker

SKI CLUB

"Hey, isn't skiing a winter past-time?" I hear you cry. Not one bit of it at Guy's!

Two ski teams went to Hemel Hempstead for the English and Welsh Universities Dry Skiing Championship. The A team was knocked out in the second round by the eventual winners, ULU (which included Charlie Balcombe from Guy's). In the clash between Charlie and Nick Jones of Guy's A team, they were so eager to beat one another that they crashed ungraciously to the ground at various points down the course, and the race turned out to be a competition to see who could clamber up

and find their skis quicker. Nick was just the more nimble and pipped Charlie at the post in what must have been the course record for the *slowest* time for a slalom. Not a good example from Guy's two best skiers.

The B team were finished off in the first round by Bradford who were aided by the fact that they only had three excellent skiers, two of whom were allowed to race again in order to complete their side. Nevertheless, we got to the semi-final of the losers' challenge.

The individual events were a complete disaster for Guy's – only Alex Knott and Julian Mountfield actually managed to complete the course twice in a row, the rest fell by the wayside on the way down, following Nick and Charlie's earlier example. The eventful day was capped by Charles who fell so well that he gouged a hole in his arm on the brush matting and had to go to hospital for 12 stitches! The club felt that *perhaps* it was not their day. . . .

On the 18th July a jacuzzi evening was held at ULU – not quite skiing, but still a social(?) event to catch up news of past holiday friends.

The 20th July was the "great ski club expedition" to Gwent in Wales – skiing, dry skiing, camping, motorway journeys and cream teas. Report out next issue.

A team: Nick Jones (c), Earl Reid-Ward, Sue Roughton, Neil Edney, Julian Mountfield.

B team: Paul Ellis (c), Simon Vale, Dave Ward, Alex Korff, Clare Chavasse.

Bruised Backside

Hospital Information

PASS LIST

B.D.S. (London) Pass List, July 1985

Barter, Stephen
Burgess, Miss Ann Deborah
Colville, Miss Sarah Kathleen
Cosans, Miss Sarah Helen
Dewji, Mahmood (Raza Merali)
Docker, Richard William
Duke, Miss Catherine Jane
Dyer, Robert Andrew
Fitzgerald, Miss Collette Ann
Flanagan, Dominic Vincent
Gibb, Nicholas James Robert

Harris, Timothy David
McGrath, Christopher
Noble, Miss Wendy Jayne
Parekh, Milin Rajnikant
Stenhouse, Philip Daniel
Stokes, Gavin John
Stonehouse, Clive Alexander
Tong, Wing Kin
Waddell, Miss Sheena
Ward, Miss Virginia Shirley
Willis, John Richard
(Died 29th July)
Wong Sung Leng, Miss



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DENTAL HOUSE SURGEON

APPOINTMENTS

Resident

General Duties and Mr. Bret Day
P. D. Stenhouse
General Duties and Mr. Gibb
Miss S. Pritlove-Carson
General Duties and Mr. O'Driscoll
J. R. Willis (died 29th July)
General Duties and Mr. Haskell
S. Barter

Non-Resident

General Duties, Periodontology & Preventive Dentistry
C. McGrath
General Duties, Oral Immunology & Microbiology
W. J. A. Hartly
Orthodontics & Dentistry for Children
Miss V. S. Ward
Miss S. L. Wong
Conservative Dental Surgery
A. Dawood
N. J. R. Gibb
Prosthetic Dentistry
Miss A. D. Burgess
Miss A. S. Bullock
General Duties, Conservative Dental Surgery & Oral Surgery
Miss A. H. Maciag
S. S. Rayatt
T. D. Harris
Miss A. D. Salmon
General Duties, Oral Medicine & Pathology
D. V. Flanagan

PAPERS BY GUY'S MEN

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ENGAGEMENTS

VAN'T-HOFF-BARNICOAT - The engagement is announced between Dr. Angela Barnicoat and Dr. William van't-Hoff. The marriage will take place at All Saints Church, Maidstone on October 19th, 1985.

DEATHS

JOHNSTONE, D. F., MRCS, LRCP, DPH. Died on 30th July 1985. Age 83. Qualified from Guy's, January 1925. Formerly Medical Superintendent and Consultant Physician in Medicine, Infectious Diseases and Veneriology in Plymouth 1933-66.

ROBINSON, R. J. from Hobart, Australia. Died recently of leukaemia. He qualified from Guy's as a dental surgeon some 10-15 years ago.

CHANGE OF ADDRESS

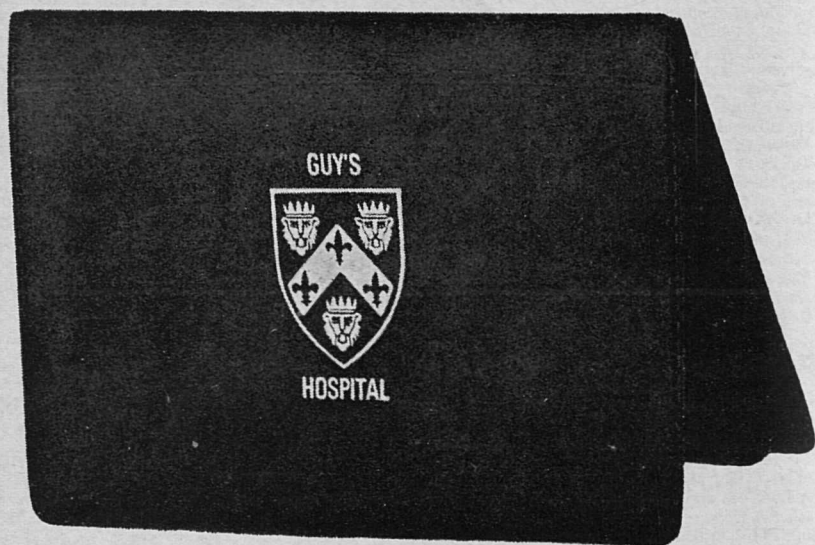
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The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

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A Welcome to the Freshers, and Thoughts for the Not-So-Fresh.

Congratulations and a warm welcome to our new medical and dental students. It never ceases to amaze those of us more advanced in years that students are able to achieve the ever-spiralling grades demanded by the medical school. In the good old days, one only needed 3 As. . . .

Welcome, too, to the new clinical students from Oxford and Cambridge. We hope that the tower blocks of Bermondsey will perpetuate fond memories of dreaming spires, and that a riverboat trip will prove a stirring reminder of coasting punts.

Unfortunately, it is not only our colleagues from Oxbridge who must crash to earth in North Southwark. We are not an idyllic world apart, a protected species. We are threatened, and attacked. We are fighting for survival, so that others may follow in our privileged footsteps. What is so disappointing in our present situation is the indolence of so many of our students, who realise that their own time at Guy's is safe. Who believe in the necessity of Guy's sacrifice to satisfy the greater glory of RAWP. Who calmly accept that the destruction of London's teaching hospitals is an understandable, reasonable way of improving medical care. What myopia! What indifference!

Guy's has a fine tradition of medicine, but what is more important is what it has to offer in the future. We look to you, the new students, for an injection of loyalty, for it seems to be sadly lacking in Boland House at the moment.

In a Lighter Vein

It does not seem fair to leave our new students with the impression that it is all gloom and despondency at Guy's – far from it as far as the student life is concerned – so here are a few ways to get the most out of student life. Firstly, do something other than work. A doctor or dentist should not be purely an academic with an ability to learn facts. He or she must have a rounded personality – that is why there are interviews which should hopefully eliminate those who have nothing other than a few GCEs to offer the hospital.

There are many societies to join at Guy's. All major sports are represented, and normally played at a high level, but there are always "social sides", so total lack of ability is never a bar to playing for the hospital. Those of a less violent or athletic disposition may join more aesthetic groups, such as the Theatre Club or Music Club. In fact there are dozens of clubs to suit virtually every taste, and if your palate is unimpressed, there is no reason why you shouldn't form your own club – they all had to be started at some time.

If you don't make the effort in the first term, you will find your time flashing past, and before you know it you will be out in the wide world, working 100 hours a week without ever having paused to sniff the flowers.

News in Brief

Mr. David Barnard

David Barnard has been elected President of the British Dental Association Hospitals Group. He will take over the Office at the Annual Meeting to be held in Portsmouth in October. He qualified at Guy's in 1966, and following five years in the Royal Naval Dental Services, returned as Registrar in Oral Surgery in 1972. He subsequently worked at the Queen Victoria Hospital, East Grinstead, and the Oxford Hospitals. In 1978 he spent 8 months at UCLA as Leverhulme Visiting Fellow of the British Association of Oral Surgeons. He was awarded a Hunterian Professorship of the Royal College of Surgeons of England in 1978, and appointed Consultant Oral Surgeon in Portsmouth in 1979. He was appointed Honorary Tutor to the Dental School at Guys in 1984.

Mr. A. B. Wayte

The death of Mr. A. B. Wayte, Consultant Radiotherapist Emeritus to Guy's Hospital, is announced with deep regret. Dr. Wayte passed away on 18th August.

Programme for Freshers' Week at a Glance

Monday, 30th September:

- 9.45: Grand Welcome. Talk from the Dean, Students' Union, plus films – Harris Physiology Theatre.
- 11.30: Tour of Guy's and local hosteleries.
- 3.00: Meet the staff tea party – Upper Spit.
- 4.00: Freshers' Fair – Ballroom.
- 6.30: Family Party. Meet your parents, with complimentary food and wine – Ballroom.
- 8.30: Freshers' Hoe-Down – Ballroom.

Tuesday, 1st October:

- 1.00: Christian Union Lunch – Ballroom.
- 4.30: Tea for Freshers – Tower Lecture Theatre Ante-room.
- 5.00: Dental Society Presidential Address – Tower Lecture Theatre.
- 6.00: Nat West Cheese and Wine – Ballroom.
- 8.30: Inflam – Bar.

Wednesday, 2nd October:

- pm: Trials At Honor Oak Park; Chiswick Boat House. Details at Freshers' Fair.
- 8.00: Barbeque and Disco – Honor Oak Park.

Thursday, 3rd October:

- 8.30: Basketball Club Hop – Ballroom.

Friday, 4th October:

- 8.30: Skint Video; The Peer Group – live music and drinks promotion – Ballroom.

Saturday, 5th October:

- 7.00 for 7.30: U.M.D.S. – Riverboat Disco.

G.H.R.F.C. Sweaters

Rugby Club sweaters are now available from the Union Shop in Boland House. They are sized 36–46" and are in navy blue. Price £14.

Gazette Christmas Raffle

We shall again be holding our popular Christmas raffle this year. The revenue that this raises helps delay a rise in *Gazette* subscriptions, as well as, of course, providing a chance for some of you to win a not insubstantial sum of money. Prize money this year will total £400.

A couple of books of tickets will be included with each copy, and if you wish to take any, please return the stubs and remittance in the envelope provided by December 9th. The draw will be held on December 13th, which should mean that there is time for us to send the prizes to arrive by Christmas.

Front Cover:

Front cover collage by Brink.

Clubs' Union News

Well rested after our Summer Break, the Union Committee are back and raring to go. New ideas abound with enthusiasm to match. The first event of this term was the opening of the newly decorated bar. This was not the least bit ceremonial, but a rush for refreshment. Drinking at Guy's may never be the same again, gone are the dark, dank corners, tatty furniture and decrepid flooring of the past. Now there are freshly painted light coloured walls and ceilings, with red doors and window frames, as requested by the students, to give an airier, less oppressive atmosphere. We also cleaned the windows to let more light in! The bench seating has been recovered (*From where?* – Ed.). Stools and tables have been purchased to help solve the seating problem. More stools will definitely be needed when the full complement of students are using the bar. The lighting has been rearranged and new flooring put down. The colour scheme of the bar may have changed, but the essence of the bar as a place where students can go to relax remains. Many students seem to approve, others refer to Dante's *Inferno*. You can't please all the people all the time!

October brings the beginning of the academic year. We welcome all the students new to the Guy's campus and hope they will have a happy and prosperous career here. Freshers' Week is a major date in the Guy's social calendar and this year is no exception. September 30th sees the arrival of the first year medical and dental preclinical students. The first morning includes an introduction from the Dean, talks from the Union covering facilities, welfare, etc. Each student also receives a Freshers' Handbook which is a mine of information about Guy's and the area. Everything you wanted to know about Guy's and the area but were afraid to ask. The dental

students are introduced to their Dean and the Dental School after the joint introduction, while the medics have the Medical School and their course explained. Towards the end of the morning the Freshers are split into groups of about ten, and more senior students take them on a tour of the school and local area (i.e. *The George!*). "Meet the Staff" tea party allows the students to meet their new teachers in an informal gathering where they may ask questions. The Freshers' Fair gives the students an opportunity to see how many Clubs and Societies we have at Guy's and allow the aforementioned clubs to acquire new blood. Early evening is when the Sons and Daughters reception takes place. Second year students are allocated a Fresher of the opposite sex. This we hope will help the integration of the new students and give them someone knowledgeable to turn to if in trouble. Monday evening is the Freshers' Hoe-Down with a live Country and Western Band and Caller. This is another tried and tested way of introducing strangers to each other. Thus ends the first hectic day in the life of a Guy's student, but the pace does not settle too much.

On Tuesday, lectures begin and socialising is kept until the evening. This includes the Dental Society Presidential Address and an Inflam in the bar. Wednesday afternoon is reserved for trials at Honor Oak Park and Chiswick. There is a barbeque and disco in the evening at Honor Oak Park, courtesy of Mrs. Dann. Thursday night the Basketball Club provide the entertainment with the first hop of term. Friday night we welcome *Skint Video*, a comedy doubt act, supported by a Guy's-based band, *The Peer Group*. Saturday evening is a joint Guy's and St. Thomas' venture, but as neither campus can accommodate all the Freshers, a Riverboat Disco has been arranged. Beware all shipping – U.M.D.S. has taken to the water.

While all the established and ageing students require several weeks to recover from this socialising ordeal, Freshers are in need of entertainment. The term continues with fortnightly Tuesday night discos – *Inflams* – and Friday night hops each week. There are also Dental Society Meetings, film shows, team events and much, much more.

Until next month. . . .

Elaine Parsons
President.

Guy's Hospital Gazette



We should like to remind our readers that all copy for inclusion in the "Gazette" must be received 15 days before publication. Copy dates for the next two months are October 16th and November 13th.

Copy may be sent to us at 23b St. Thomas' Street, Guy's Hospital, SE1 9RT.

Birth, Marriage, Death and Change of Address notices are inserted without charge to subscribers.

When subscribers notify the "Gazette" of Change of Address, would they please indicate whether or not this should be published.

Personal notices are charged at 10p per word (prepaid, minimum £2.00).

Non-subscribers are charged £2.00 (prepaid) for all notices other than Death.

Freshers' Section



Introduction by the Deans

Professor T. J. H. Clark, Dean of Medical Students

I am delighted to welcome you to Guy's, which is part of the United Medical and Dental Schools of Guy's and St. Thomas's Hospitals (UMDS). The union between our two schools and between the Guy's Dental School and the Royal Dental has been a great success and has been augmented by the arrival of the Institute of Dermatology on the St. Thomas's campus to complete a formidable new medical and dental school within the University of London. Our total annual income now exceeds £13 million and the high reputation and entrepreneurial flair of our staff raised an additional £6 million last year for research. You will therefore be joining a very active University institution which is combined with a hospital of great renown and tradition. Although the hospital is under tremendous financial pressure at the moment, we have great hopes for the future as it now looks likely that we can continue the re-building process which stopped some 10 years ago when the Tower Block was completed. We are hoping to replace the medical wards and out-patients as well as upgrade many of our other facilities with a new building which gives us great hope for the future. The recent status of University hospital accorded to Lewisham Hospital and its rebuilding mean that we will have two excellent hospitals within our district for medical and dental education. Both Guy's and Lewisham hospitals will work together as equal partners in the Guy's side of UMDS and their rebuilding should be complete early in the next decade.

In addition to these promising developments here at Guy's, medicine and dentistry as a whole are making great advances scientifically and the rate of change is increasing. This means that your period of education at Guy's is of great importance to equip you for this change and for future and unforeseen developments. I am sure you will all meet these challenges and join with us in helping to shape the future.

Professor A. H. R. Rowe, Dean of Dental Studies

I should like to extend a very warm welcome to all of you who are joining the Dental School. You are coming at a very exciting time in our history. I expect you know that the Dental Schools at Guy's and the Royal merged into one School in 1983; those students who had started their clinical course at the Royal at the time of the union have stayed at Leicester Square and will complete their course this Christmas. The Royal School will then close and the majority of the staff who have been supervising the gradual running down of the Royal will move over to Guy's. This makes our School the largest and strongest in the country, but, in spite of the size, we pride ourselves on an extremely good staff/student relationship.

You are now members of this large community at Guy's and I hope you will make the most of all the activities (both cultural and sporting) available at the U.M.D.S. and at London University. You will learn something of these during your first week and I would particularly draw your attention to the meetings of the Dental Society – one of the oldest in the world – where you will have the opportunity of meeting your clinical colleagues and attending a fascinating series of lectures, often followed by a buffet supper!

In the Guy's Tower we are continuing to update the clinical facilities and two large areas have just been extensively altered and re-equipped with the most modern equipment. Do go and look around the Dental Hospital when you have time. In addition, this year we are introducing a new curriculum, making some changes in the Second B.D.S. Course and major changes in the Clinical Course. These alterations are designed to give you a more integrated course and to give you the opportunity to look after individual patients over a longer period than is possible at present.

Some of you will experience problems in adjusting to your new life at University, which is so different from a school environment. Please remember that I am available to try and help you with any difficulties that may arise.

Finally, I wish you a very happy and successful time at Guy's.

Anatomy

Professor M. Berry, Department of Anatomy

Macroscopic and microscopic anatomy, embryology and neuroanatomy are taught to both medical and dental students. Practical classes, tutorials and lectures are given throughout the two preclinical years. Medical students at both St. Thomas's and Guy's receive the same curriculum and sit identical examinations. Special dental anatomy is an

additional course exclusively taught to dental students at Guy's. In gross anatomy, the emphasis is placed on learning anatomy by dissection of the human body. This is because functional significance and three dimensional relationships are best understood from studying structures *in situ*. All students should take this opportunity to dissect the human body. The mass of information to be absorbed is daunting, but the burden is less arduous if students are able to visualise structures through demonstration by dissection. Modern anatomy courses have eliminated the detail which characterised the subject in the past. Nowadays, relevance is judged by scientific or educational criteria and according to clinical significance. Where possible the courses in anatomy are integrated with those of other departments.

Microscopic anatomy is taught by means of lectures and practical classes in which the histology and electron microscopy of tissues is demonstrated by closed-circuit television and by individually viewing tissues with the microscope. Embryology is covered by special lectures and also by integrating much of the development of systems with relevant parts of the course in gross anatomy.

The research activity of the department is divided into two broad areas, namely neurobiology and connective tissue research. Members of staff are actively involved in projects relating to bone growth and healing, processes of soft tissue wound repair, documentation of the development of bone lesions in arthritis, dental evolution, developmental neurobiology, response of the nervous system to injury and immunology of the brain. Students have an opportunity to join these research teams for project work during a one year Hons. BSc course which is intercalated between the end of Pt. II B.M.S. and the beginning of the clinical course. The B.Sc. course is composed of three course units, one of which is a research project in an area complementary to the other two. The U.M.D.S. Anatomy department offers course units, consisting of tutorial and practical work, in Developmental Neurobiology (Guy's), Biology of Connective Tissue (Guy's), Cell Biology (St. Thomas's) and Primate Evolution (St. Thomas's). The project work is examined by thesis and the course work (two course units of your choice) assessed by examination.

Clinical Medicine

Dr. John Rees, Clinical Tutor

At Guy's we have introduced a clinical element into the first two years of the course. In the first year the major component is a clinical demonstration every Friday afternoon. Clinical topics are introduced, usually with suitable patients present, and the relevance of Basic Medical Sciences to the clinical condition is emphasised.

In the second year you will learn the techniques of history taking and examination with plenty of opportunity to "get your hand on" patients in small teaching groups. A good examination technique built up during this year will leave you well placed to get the best value from your first clinical firms and the rest of your clinical career.

Physiology

Professor I. Macdonald, Department of Physiology

The Oxford English Dictionary defines Physiology as "The science of the normal functions and phenomena of living things" and in this department man is the living thing of prime interest. The practical classes are almost entirely devoted to studies on man. However physiology is also a science, so the teaching for both medical and dental students is not only directed towards learning how the body functions, but it also considers the science which provides evidence for this knowledge, so that the tutorials are concerned with assessing data taken from published scientific papers.

Two lectures are given weekly and these enable the student to learn which sections of the textbooks are considered to be important and to help with those aspects which are difficult to follow and also to up-date the contents of the textbooks. The importance of physiology in medicine is pointed out in lectures, given during the course, by practising clinicians.

For the bright student who wishes to study the more scientific and critical role of physiology an honours B.Sc. is available, lasting for a year after the B.M.S. course.

All members of the department are active in research in fields which range from studies of nutrition to the growth of the incisor tooth and from the kidney to exercise.

Biochemistry

Professor A. T. Diplock, Department of Biochemistry

The curriculum in biochemistry at Guy's for both medical and dental students is designed to emphasise, from the outset, the clinical relevance of the subject. We are not concerned with teaching biochemistry as a pure scientific discipline, the relationship of which to medicine or dentistry is remote and obscure. Rather, since disordered metabolic events lie at the root of most abnormalities of function that manifest themselves as disease, we are concerned with giving students a good grounding in the basics of biochemistry in the context of abnormalities that may be seen as disease states in the clinic. The student may, at first, be rather bewildered by an apparently indigestible array of chemical reactions, but experience has shown us that, after a short time, patterns begin to emerge which gradually coalesce into an integrated picture of metabolic events. It is this integrated picture that is our goal, so that, at the end of the course, the student carries on to his or her clinical studies with a clear overall conception of metabolic events, without undue emphasis on detail which may obscure the overview which is our objective.

Those students who wish to study biochemistry in more depth may have the opportunity of intercalating a further year of study between the Part II B.M.S. examination and the clinical course, financed by the Medical Research Council. This year leads to an examination in basic medical sciences and biochemistry for the B.Sc. degree. The course consists of

lectures which are shared with students from most of the other medical schools in London, given by teachers from many parts of the University who are experts in the field of their lectures. Secondly, there is a practical course and, in the Spring term, a practical project is undertaken in which students have the opportunity of familiarising themselves with a research project that is under way in the Department and of undertaking a related small research project themselves, which is written up as a dissertation and forms part of the degree examination. Following the union of Guy's with St. Thomas's, the B.Sc. course is now being run in collaboration with the Department of Biochemistry at St. Thomas's and, for the practicals, tutorials and seminars, students will spend part of their time at Guy's and part at St. Thomas's.

Psychology

Dr. J. Weinman, Senior Lecturer in Psychology

In recent years there has been a major growth of interest in psychological aspects of health and illness. This interest is reflected not only in the proliferation of research, but also at a practical level with the development of new clinical approaches and interventions. Whereas, in the past, psychologists tended to confine their clinical interests to psychological problems, these recent clinical and research developments have been in the area of physical illness. Thus there is an impressive emerging literature on the importance of psychological factors in the cause, process and outcome of many physical illnesses.

In addition to presenting an outline of these developments in "health psychology", the BMS psychology course also provides an account of "normal" behaviour, its development and its biological and social basis. For interested students, there is also a lively and popular intercalated B.Sc. course which is shared with a number of other London Medical Schools.

Sociology

Dr. D. Armstrong, Unit of Sociology as applied to Medicine

A course in sociology as applied to medicine is taught to medical students at Guy's in the sixth preclinical term. The course is primarily intended to introduce students to the social dimensions of health and illness. Specific subjects include the role of social factors in the aetiology of disease, patients' response to illness, and the effect this has on their recovery. In addition students are introduced to the organisation of health care in this country together with current issues and problems in health policy.

A much shorter course covering similar areas is provided for dental students in their first clinical year.

An intercalated BSc course in medical sociology is available on an intercollegiate basis for students in their third year at Guy's.

Pharmacology

Professor R. Spector, Pharmacology Department

One of the greatest pleasures in being associated with medical pharmacology at the UMDS is that contact first made with students during the earliest days of the course continues through the clinical period. This means that the staff of the pharmacology department work in close association with (and receive academic stimulus from) our pre-clinical and clinical colleagues.

An important advantage in teaching pharmacology from the beginning of the course is that the students are immediately dealing with chemical agents which are used in the treatment of patients. The actions of such drugs can in many instances be linked with molecular events in the cell or with more gross biochemical and physiological changes. Such possibilities for inter-subject integration provide a challenge for both students and academic staff.

Copy for the Gazette

Contributors are requested to supply copy with double spacing and preferably typed. Hand written copy should be similarly double spaced and in legible script; names should be made especially legible by the use of capital letters.

The Arts and the Deaf: Part II

by Juliet Goff

Music

Music is the only art form which is purely auditory in nature. Because of this, any profoundly deaf person is at a colossal disadvantage when attempting either to appreciate it or to participate in its making. To assume, however, that music and deafness are incompatible would be wrong.

Deaf people can perceive sound (albeit a distorted image) both by hearing it, and by feeling the vibrations that it produces. These vibrations can be felt through the floor, or by placing a hand on a piano or loudspeaker. And it is possible for the deaf to derive both benefit and enjoyment from music.

At a very early age, musical sounds can be used to increase the acuity of residual hearing.

The speech of the deaf tends to be monotonous and slow, for he is unable to hear the normal accents and intonations of the spoken word. In

order to appreciate music as an art form, it is first necessary to introduce the concept of rhythm. This is done by clapping various rhythmic sequences, and by chanting rhymes such as:

London Bridge is falling down,
Falling down, falling down,



A class of three-year-olds. The teacher is doing an auditory exercise with her pupils, by asking them to distinguish between the sounds of a drum, a tambourine and a triangle.

This particular rhyme, with its simple words, its repetition and its uncomplicated accents is eminently suitable for the purpose. By doing this, an idea of the accent and fluency of ordinary speech is conveyed and the deaf pupils also learn appropriate breathing patterns.

The graduation from rhythm to melody is a major step. Progress is slow, and discouragement has to be counteracted by convincing enthusiasm on the part of the teacher.



*The Band at the Mary Hare Grammar School for the Deaf
near Newbury, Berkshire*



One of the pupils at Mary Hare playing the piano. (This particular girl had a very profound hearing loss)

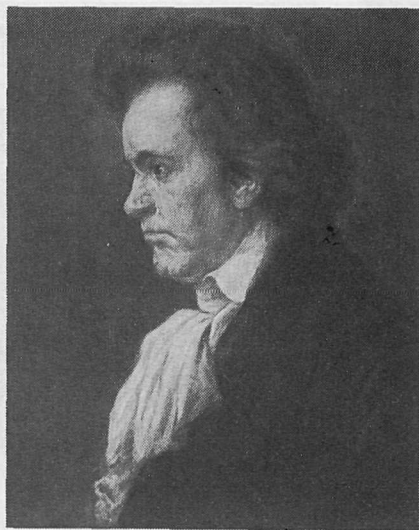
It is interesting that musical ability amongst deaf people is not necessarily related to the amount of residual hearing, and the most obvious benefit of studying music is still that of enjoyment.

A study of deafness and its relationship with music would be incomplete without mentioning Beethoven. Dr. Victor Goodhill, the American otologist, in his film, "Beethoven: the Triumph over Silence", discusses the effect of profound deafness on the man and his music.



*A singing lesson at Mary Hare
Mr. Fawkes, the musical director, is sitting at the piano*

The shame, the secrecy and the miserable isolation of his deafness, I have already described. The most astounding fact is that the disability did not seem to have a derogatory effect on his compositions. On the contrary, as his deafness became more profound, he produced works in rapid succession, each more brilliant than the last. Dr. Goodhill suggested two



A portrait of Beethoven by Hans Best

explanations for this: firstly, that Beethoven had enjoyed twenty-eight years of perfect hearing and that this was enough for his imagination and musical genius to work on; and secondly, that although he became physically unable to hear sounds, he was able to look at written music and imagine its sound, just as we read the written word to ourselves. It is also possible that his deafness prevented him from continuing his promising career as a travelling virtuoso musician, so he was able to concentrate more on composition.

Two interesting characteristics of Beethoven's music are:—

1) Repeated rhythmic patterns — the best known example of which is in the first movement of the fifth symphony.

The Opening:
Violin I.

The introduction of the second subject by the horn:

Whilst the violin plays the second subject, the familiar rhythm is reiterated by the cello.

2) Sudden and dramatic dynamic changes. This often takes the form of off-beat accents, and is Beethoven's way of transforming an ordinary tune into an extraordinary and memorable piece of music. It is possible that deafness influenced these aspects of his music. Reiterating rhythmic sequences are easier to hear and to recognise than constantly changing

rhythms, and sudden and extreme dynamic changes easier than a gentle graduation from *mp* to *mf*. This is pure speculation.

Mime and Dance



Members of "Theatre Franchise" mime stories to each other.
(Theatre Franchise is a drama/dance group with both deaf and hearing members. It is based at Bulmershe College in Reading.)

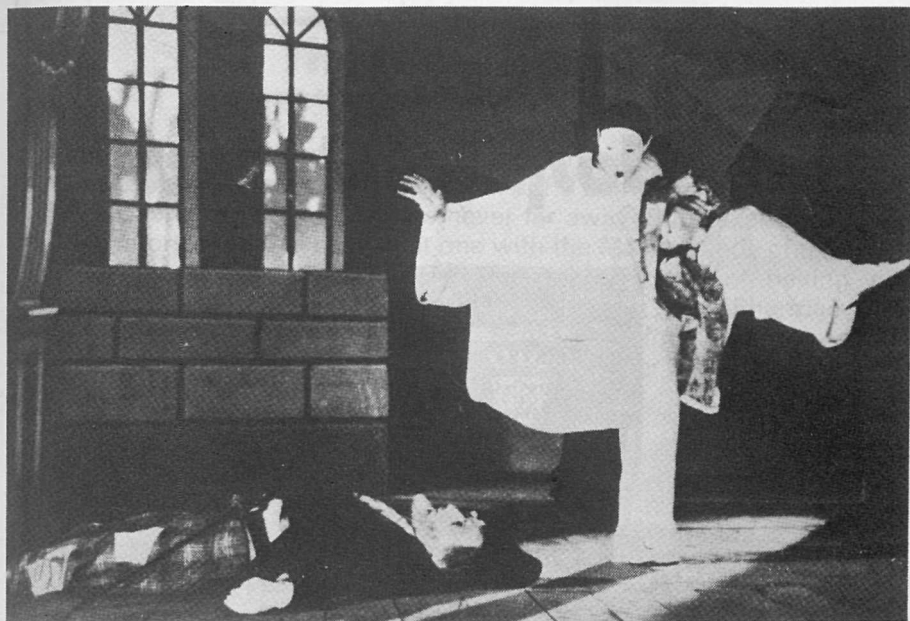
Mime is a performing visual art. It provides the deaf person with a means of expression which does not involve speech, or indeed words of any kind. Instead posture, movement and facial expression is used. As an alternative method of communication it is important in the education of deaf children. The National Deaf Children's Society recognise this and now hold an annual festival of mime for deaf children throughout the country.



Two children taking part in the
Festival of Mime organised by the
National Deaf Children's Society.
(From the year book of the
N.D.C.S.)

The opportunities are not great in this country, to enjoy professional mime artists at work. The English do not seem to have 'taken' to the art in the same way that the French have. The street buskers in Covent Garden today hardly merit comparison with the captivating performance of Jean-Louis Barrault as Baptiste in "*Les Enfants du Paradis*"!

Dance is also essentially a visual art, but because of the musical element, the mime has a more strict rhythmical structure. I do not wish to imply that the music imposes limitations on the mime, for each enhances the mood of the other. For the deaf child learning to dance, the discipline of



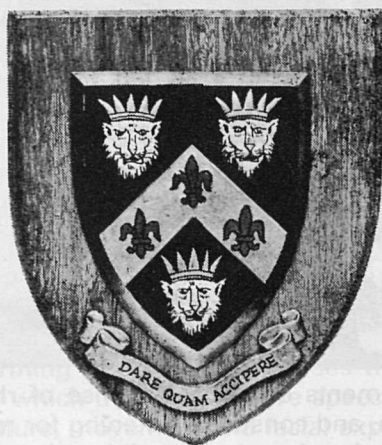
rhythmic body movements enhances a sense of rhythm both in breath control and in speech, and constantly listening for musical cues increases auditory acuity. To the hearing observer, it is quite remarkable how expert the ensemble can become.



A moment in the dance accompanying the song, 'America', from the recent production of West Side Story by the Sixty Six Drama Section. (The performers are all profoundly deaf.)



Guy's Hospital Gazette



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The Mole Report

When Mole surveyed the scene in the Park he came to the conclusion that he had been operating in the middle of a building site all these years with the sound of pneumatic drills never far away. But, asked Mole, were the instigators of all this activity at one with the Masterminds of the Grand Plan for the old Alma Mater? What was the point of having new accommodation for trained nursing staff or of having a new Pharmacy if the hospital could not afford to have nurses or to pay for drugs? There were influences at work compelling Mole to defect as Super Spy and to become a Political Animal (Fig. 1).

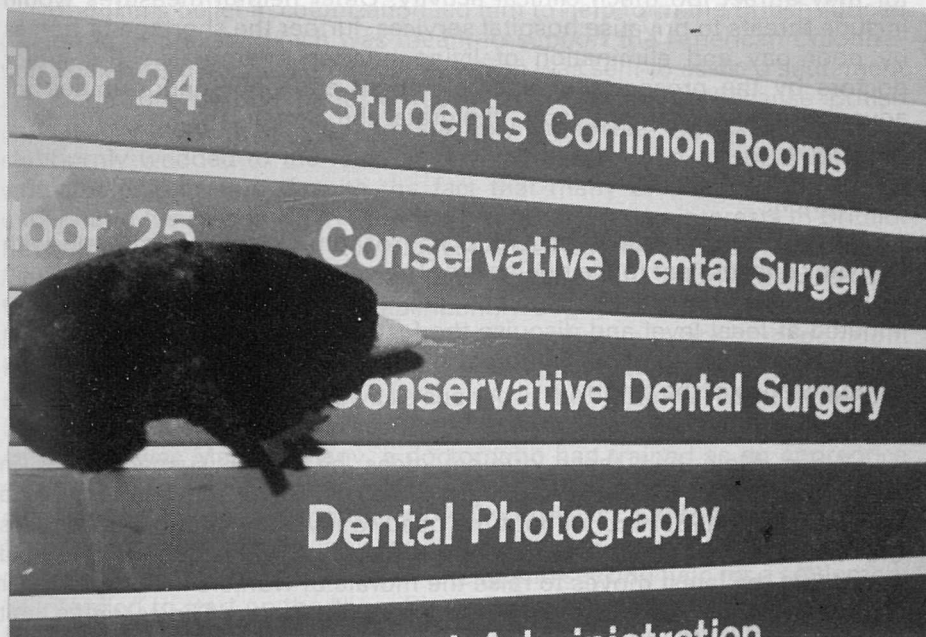


Fig. 1 Mole contemplating getting his teeth into a political role.

With the recent Cabinet re-shuffle had anyone noticed any changes at the Department of Health? Mole himself had been waiting for The Call, for he reckoned that he had the Final Solution to the Hospital Problem. It was a five-point plan based on RATTY (Re-organisation, Administration, Teaching, Tradition and Yes-Men). The man for Minister was Mole!

1. Re-organisation.

Do you remember how Ratty awoke one morning on the River Bank and said "Today I think I'll re-organise everything"? That was a good idea, for repeated re-organisation would produce much confusion and frustration.

2. Administration.

Making sure that no-one knows who is running a hospital can obscure the fact that no-one is. Extra uncertainty can be caused by alternating threats of closure with demands for increased clinical activity.

3. Teaching.

Both under-graduate and post-graduate teaching could be made impossible by seeing that facilities within the NHS bear no relationship to the requirements of the Medical Schools. After a while, with any luck, teaching staff would just give up.

4. Tradition.

Hospitals with great traditions of service should be severely restricted for they attract too much clinical activity. Other helpful measures would include threats to privatise hospital services, further the shortage of nurses by poor pay and elimination of living quarters, demoralise the junior doctors by the prospects of unemployment and poor opportunities for advancement of careers, and denigrate the senior doctors and their motives.

5. Yes-Men.

Mole would create a bureaucratic chain of administrative command, with each link subservient to the one above. The cuts, which must never be seen to jeopardise the treatment of patients, can then appear to have been initiated at local level and disguise the fact that they have come from the top. Furthermore, the cuts can be attributed to over-spending (which has come because of the cuts!).

When Mole had these original ideas he rather suspected, as in Medicine, that they had been thought of before. Never-the-less they could sink the Hospital Service without the need to invest in all those torpedoes that don't work. And so far as the old Alma Mater was concerned he had heard that the latest moves to raise the morale of workers included further closure of wards, reduction in the number of Out-Patient Clinics with a limit on the number of patients seen in each, and the cancellation of appointments that have already been made to the staff. He wondered whether we should accede so readily to the destruction that was occurring, with the under-utilisation of the expertise that was available, on the promise of a Golden Age in the future. Was there any guarantee that when the great time came, and we were so run down, that it would ever occur?

Mole suspected that these revelations might affect his popularity rating. Would they bring him honours or would he be expelled? He feared the worst. And what about his young friend Ratty? Wasn't it time we heard from him, otherwise he will not deserve the award of a Knighthood?

Mole in the Park

Thomas Hodgkin, M.D.: A Reappraisal Part III

by Amalie M. Kass, B.A., M.Ed.

and

Edward H. Kass, M.D., Ph.D., F.R.C.P.

Mrs. A. M. Kass:

From the Channing Laboratory and the Countway Library of Medicine, Harvard Medical School and the Brigham and Women's Hospital, Boston, Massachusetts 02115, U.S.A.

Presented at Guy's Hospital on the occasion of the unveiling of the plaque marking Dr. Hodgkin's former residence at 35 Bedford Square (15 July, 1985).

Mrs. A. M. Kass:

Hodgkin's belief in colonization led him to help form the British African Colonization Society which was meant to support the American Colonization Society. It did raise some money which was sent to assist a settlement in Liberia, but by and large it was a failure, primarily because British anti-slavery sentiment was so strongly opposed. Hodgkin remained stubbornly wedded to the idea, however; he continued to speak out and write for colonization despite the fact that many of his friends did not understand his reasoning. He tried to promote Liberian interests in Britain. He was the first person to suggest that Liberia should become an independent nation instead of an appendage of the colonization society. When Liberia did become independent, Hodgkin was host to President Roberts who came to England in 1848 to negotiate a treaty of recognition. Hodgkin represented Liberia when ratified treaties were exchanged. Ironically, in the 1850's there was a change in the attitude of some American blacks to the notion of separatism and nationalism. One very ardent black nationalist was Martin Delany, a doctor who had trained as an apprentice and studied for a few months at Harvard Medical School. The racism Delany experienced at Harvard and the generally hopeless future for blacks in the United States led him to look for a homeland overseas. Delany explored parts of West Africa and then came to England seeking help for a settlement he intended to start on the Niger River. One of the first people he turned to for help was Hodgkin. Hodgkin introduced him to the Royal Geographical Society and to other groups of potential supporters. The outbreak of the American Civil War prevented Delany from establishing his colony. Instead he became involved in recruitment of black soldiers and was the first black major to be appointed to the Union army.

Another organization with which Hodgkin is identified as founder and steadfast leader is the Aborigines Protection Society, which was begun in 1837. The Aborigines Protection Society was the fruition of Hodgkin's youthful ideas about saving American Indians – enlarged to include New Zealand Maori, African Kaffirs, Australian aborigines, Polynesians, Eskimos, and every other race endangered by the white settlers. Parenthetically, several times while in medical school and later while on the staff at Guy's, Hodgkin had tried to bring a native New Zealand youth or American

Indian boys to England where, under his patronage, they might be properly educated. It was Hodgkin's belief that, with an English education, they could return to their own tribes and lead the transition to civilization. In the 1850's an Australian aborigine named Warulan was placed under Hodgkin's guardianship. Warulan spent several years in a Quaker school, but died before he was able to return home.

At the time of the creation of the Aborigines Protection Society, a small group shared Hodgkin's concern for the fate of the indigenous races under British domination. It took determination and courage to speak out against the practices of the Hudson's Bay Company or of settlers in South Africa or Australia. Hodgkin and the other members of the Aborigines Protection Society believed that if the natives were well treated they would admire and accept Anglo-Saxon institutions, and become firm friends of Britain. They wanted the British government to recognize the aborigines as British citizens with British rights, another idea in advance of its time. Hodgkin was the foremost publicist for the A.P.S. and spent many long hours writing letters overseas, preparing memorials for presentation to the Colonial Office, and testifying before Parliamentary committees, in what was really a losing battle.

The Aborigines Protection Society initially included humanitarians and ethnologists. As we saw in the civilization essay, Hodgkin did not separate these two aspects of the aborigines' problem. Indeed he could mix social science and philanthropy perfectly well; he later became Honorary Secretary of the Royal Geographical Society where his primary interest again was in the indigenous people encountered by explorers. But others found it more difficult to combine scientific study with efforts to influence the political system. So they founded a separate organization, the Ethnological Society of London. Hodgkin was one of the original members of the Ethnological Society, too, and with his habitual fervour he participated in all its activities. In the 1860's, when the Ethnological Society itself was split by the racist theories of some of its members, Hodgkin remained loyal to the monogenists who held that all mankind had developed from one original stock and that racial variety did not imply unequal endowments. He also helped promote ethnology as a separate discipline at the meetings of the British Association for the Advancement of Science.

The list of Hodgkin activities goes on and on. There was the Syrian Medical Aid Association which sent British doctors to Beirut and Damascus in the 1840s and was probably the first non-missionary effort in the area of international health. There was the West Indian Association which tried to help West Indian planters who faced serious losses when sugar duties were ended in Britain and the West Indian sugar trade was threatened by competition from sugar grown by slave labour in Cuba and Brazil. There was the Southern Retreat which Hodgkin and other Quakers hoped would provide humane treatment for the insane, along the same lines as the Tukes had done in York. Unfortunately, plans for the Southern Retreat were not realized although Hodgkin put great effort into them. It was hard for him to give up on any of the causes in which he believed. Interest in the Syrian

Medical Aid Association began to wane within a few years of its initiation, but Hodgkin used his own funds to support the doctor they had sent to Damascus, though he complained that his medical practice was hardly lucrative enough for such an expense. He was also known to become very angry if any of his causes were maligned – this even included the Quakers whom he judged too conservative in their approach to certain issues. Hodgkin was a member of several social action committees appointed by the Friends. He also served as Clerk and as an Elder of The Westminster Monthly Meeting.

Hodgkin's concerns were not confined to participation in public organizations. On a personal level, he was benefactor to many individuals in need of money, a recommendation or a letter of introduction. His naive nature permitted him to trust some people who did not deserve his assistance; his wife complained that he frequently forgot or neglected to collect the money he had lent and that he was easily taken advantage of. On one occasion, she and some friends played a trick on the doctor which gives an insight into his character. During the American Civil War, two agents of the Confederate States escaped to England (almost causing war between the North and Britain because their English ship was halted by a vessel of the Union navy). Hodgkin and his associates continued their strong support of the North. His wife and her friends planted a fake letter asking the doctor to come quickly to attend one of the Southerners who had become seriously ill. Without a moment's hesitation, Hodgkin prepared to go to the man despite his personal aversion to the Confederacy. Only a quick admission by the pranksters prevented him from leaving his house on Bedford Square. That house, by the way, had been the scene of many of the meetings of the societies with which he was associated. The phrase "Dr. Hodgkin's parlour" appears frequently in their minutes and correspondence.

The sixteen years he lived in Bedford Square were probably the most contented of Hodgkin's intense and restless life. After two unhappy love affairs and many lonely years, he married a widow with two grown children, when he was 51 years old. All three women in his life were named Sarah – just to add to the profusion of Johns, Thomases and Elizabeths. You heard mention of his love for his cousin Sarah Godlee whom he was forbidden to marry because of the Quaker rule against consanguinity. He tried to persuade the Quakers to change the rule, citing Bible and biology as evidence, but to no avail. The second Sarah, Sarah Bowdich, was the widow of an African explorer and an accomplished artist and writer. Hodgkin was discouraged by his father's opposition to his marrying a non-Quaker, older than he, with children of her own. The Sarah who became a Hodgkin was Sarah Frances Scaife. Hodgkin had been physician to her husband in his terminal illness. Hodgkin and Sarah Frances were married in January, 1850. He purchased the house at that time and for the remainder of his life enjoyed the companionship of married life. One of her grandchildren was named Arthur Hodgkin Scaife.

Hodgkin died in 1866 while on a mission to the Holy Land with Sir Moses Montefiore. The two men had been good friends since 1823 when Hodgkin was doctor to Moses' brother Abraham Montefiore. Abraham engaged Hodgkin as a doctor and companion for a journey to Italy where he hoped to recuperate from tuberculosis. Unfortunately Hodgkin, Abraham and Abraham's wife did not get along well and Hodgkin was dismissed when they reached Rome. But Moses Montefiore and Hodgkin were more sympathetic to one another and they became firm friends. Jew and Quaker, they shared a common commitment to help others. Montefiore retired from active business life shortly after his brother's death in 1824 and spent the remaining sixty years of a very long life aiding oppressed Jews throughout the world. He made innumerable journeys overseas including seven to Palestine.

Early in his medical career, Hodgkin became physician to two Jewish friendly societies, probably through the Montefiore connection. He held those positions for only a few years, but he continued to treat the poor Jews in the East End of London for the rest of his life. His niece, Mariabella Hodgkin Fry, reminisced that "the Aborigines and the Jews were closest to his heart." Montefiore invited Hodgkin to join him and his wife on several of their early journeys overseas, but the doctor did not accept until 1857 when he accompanied them to the Holy Land as their personal physician. It was a chance to visit a place abundantly familiar to Hodgkin as the land of the Bible. On their previous journeys, the Montefiores had initiated self-help projects such as farms, a weaving establishment, a school for girls, and a dispensary. Since the Montefiores remained in good health, Hodgkin was asked to assist with those projects. Always eager to effect improvements when he saw a need, he also tried to establish an educational institute for adults and to improve the deplorable sanitation in Jerusalem. Two years later, Hodgkin accompanied the Montefiores when they went to Rome to try to persuade the Pope to free a Jewish boy who had been wrongfully baptized and then kidnapped by the Church. They did not succeed. Lady Montefiore's health had already begun to decline. Hodgkin was her physician and was present at her death and funeral. After her death, Hodgkin felt obliged by a promise he had made to her and he accepted three more requests from Sir Moses to accompany him on missions for the relief of the Jews. Together they went to Constantinople, Morocco, and again to the Holy Land. None of these journeys was easy. In her early travels in Palestine, Lady Montefiore had carried pistols as protection against brigands. In Morocco, Sir Moses, aged 80 and Hodgkin a mere 66, spent eight days crossing the desert, exposed to high temperatures during the day and extreme cold at night, sleeping in tents.

Hodgkin had been unwell early in 1866 before the departure for the final journey to Palestine. By the time they arrived in Jaffa he was seriously ill with a dysenteric disorder. Montefiore was willing to return to England, but was persuaded that his doctor/friend would recover. So he continued on to Jerusalem in order to be there for the Passover, leaving two servants and a local doctor to care for Hodgkin during his convalescence at the home of the British consul. Unhappily, Hodgkin took a turn for the worse.

Montefiore was alerted to the change and sent the British doctor stationed in Jerusalem down to his friend in Jaffa. But Hodgkin knew there was no hope and dictated a final letter to his wife, conveying his love for her and his family, adding, "I lament the little service which I have done." He willed his spectacles and a pair of scissors to the poor Jews of Jerusalem. He died the afternoon of April 4th and was buried the following day in the English cemetery. The funeral was attended by the few Protestants who were in Jaffa, plus the consul, the doctors and the servants left by Sir Moses. The scent of orange blossoms marked a peaceful morning. Sir Moses was heartsick at the loss of his friend, and when he returned to Jaffa he went immediately to the grave. He later arranged for a granite marker and an iron railing to be placed around the grave site. The gravestone, commemorating the Montefiore-Hodgkin friendship of more than forty years, celebrated "Thomas Hodgkin, M.D. of Bedford Square, London, a man distinguished alike for scientific attainments, medical skill and self-sacrificing philanthropy. *Humani nihil a se alienum putabat.*" Unfortunately, in recent years the entire graveyard has fallen into severe disrepair, but we are currently in the process of trying to remedy that shameful situation.

It has been a pleasure and an honour for my husband and me to participate in these ceremonies marking the career of a man whose life so well exemplified attainments in medicine and philanthropy. It is as if Thomas Hodgkin were a member of our family after all these years in which we have been studying his life, so we are especially delighted that members of the present Hodgkin family, the Montefiores, the Society of Friends, the medical community and so many Hodgkin aficionados have shared this celebration.

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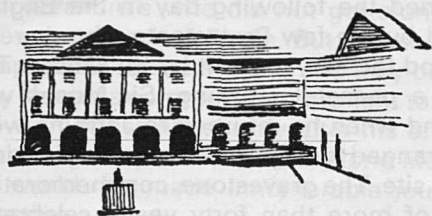
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This is the cash
That's spent on the House that Guy built.



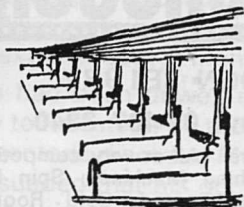
These are the sick
On whom the cash
Is spent in the House that Guy built.



Nurses are quick
Attending the sick,
On whom the cash
Is spent in the House that Guy built.



These are the Wards
Where nurses quick
Attend the sick,
On whom the cash
Is spent in the House that Guy built.





This is the Staff who ably adorn
The general wards
Where nurses quick
Attend the sick
On whom the cash
Is spend in the House that Guy built.

Here are the Governors all forlorn
Who appoint the Staff who ably adorn
The general wards
Where nurses quick
Attend the sick,
On whom the cash
Is spent in the House that Guy built.



This is the bank balance so overdrawn,
Which makes the Governors so forlorn
Who appoint the Staff who ably adorn
The general awards,
Where nurses quick
Attend the sick
On whom the cash
Is spent in the House that Guy built.

This is our burden heavily borne,
Because of our bank balance so overdrawn,
Which makes all our Governors so forlorn,
Who appoint the Staff who ably adorn
The general wards,
Where nurses quick
Attend the sick,
On whom the cash
Is spent in the House that Guy built.



You are the public whose aid we won't scorn
To lighten our burden heavily borne,
Because of our bank balance so overdrawn,
Which makes our Governors so forlorn,
Who appoint the Staff who ably adorn
The general wards,
Where nurses quick
Attend the sick,
On whom the cash
Is spent in the House that Guy built.

P. M. F. B.

Æsop Æsthete crashes from his bar stool to offer yet more unsolicited advice, this time to our new Freshers.

For possibly the thirtieth time this week, welcome chaps and fillies to the sinecure that is a protracted period of study at the Guy's sub-section, para 2, of the amazingly unlikely amalgamation of Guy's and St. Thomas's Hospitals. First let me set your minds at rest – you may, with any scrap of luck, avoid bumping into anybody from Tommy's for your five year sentence. (If this piece should fall into the hands of Tommy's Freshers, I would like to assure them that they may be equally fortunate in avoiding Guy's students, who are a bunch of ill-disciplined, drunken, abusive louts that certainly wouldn't have gone to *your* school.) In fact I could list *all* the London colleges that you will probably have no contact with, for the life of Guy's students is hermetically sealed from interference by outsiders (apart from the occasional Millwall supporter). In other words – make the most of Guy's. As the self-appointed sage of the student bar, I shall now offer tips-from-the-top on survival as a student here.

Med Cred

It is important that you establish your identity as a medic or dentist quickly. An ideal way of doing this is by saving life in your fist week, armed only with the knowledge of the course of the thoracic duct. If such an opportunity does not present itself you will have to impress your peers in other, more mundane, ways.

DOs: Assume an air of nonchalance, insisting that your five years at Guy's are purely an excuse to delay earning an honest wage. Tell anyone who will listen that you spent your gap-year smuggling much needed contraceptives to Russian peasants. Set up your own home brew, a co-operative if possible. Court popularity with the bank – ideally you should buy a thread-bare suit from Oxfam so that when you are summoned before the manager about your massive overdraft you can exude just the right balance of being frugal yet trying to maintain appearances (a frayed shirt is a useful accessory).

DON'Ts: Don't wear a jacket and tie – this isn't *Doctor in the House*, you know. Do not bore your fellow students with tales of academic success – UNDER NO CIRCUMSTANCES WHATSOEVER MENTION A-LEVEL RESULTS (This last should be a capital offence). Try to avoid wearing red trousers and pink scarves. Do not appear in the *Bore Report* unless referred to by an alias with which the medical school is unfamiliar.

The Bar and Local Hostelries

The Bar should be the mainstay of your moral fibre whilst at Guy's. The beer is cheap and the company, well, incomparable. Arrive early and stay late. Try to bring your own drinking receptacle if arriving after 1705 hours, and remember to clean your teeth the following morning. Apart

from the bar, there is *The Horseshoes* public house which is frequented by the students. Why this should be is beyond me as it is tacky, expensive and the service can be atrocious. Nice in summer when one can sit outside, and *de rigueur* on Sunday nights now that the bar is shut. For special entertainment you could always try asking Bert, the manager, for credit.

Other pubs: *The Market Porter* is rightly popular, but very busy with lots of City types. *The Anchor* is difficult to find when blitzed, but is situated on the river bank. Chock-a-block with Yanks, however. *The George* has improved minutely over the years, but its place as an inter-galactic tourist centre renders it useless for serious drinking. All other pubs: enter at your own risk; nice if you like lino floors.

Study:

"What's that?" you ask. A tricky one to answer. Normally consists of 48 hours round-the-clock cramming before a test, which leaves the rest of the term free for boozing, etc. Studying, if *really* necessary, which I'm afraid it is, should be done in private between consenting adults. You will only become rapidly despised if you make a point of looking up papers in the Wills, or going there at all, in fact, unless you're going to photocopy notes from a lecture you skipped.

N. B.: This does not apply in the three days before a test, when one should go to the Wills to share the spirit of camaraderie that abounds amongst the hapless examinees. *Nos morituri* and all that.

Finally:

Enjoy yourselves. You have less than five years before you become responsible (ha, ha!) members of society. Enjoy what Guy's and London have to offer and remember, *never* take yourself seriously, because as soon as you do, nobody else will.

Æsop Æsthete

Dental Notes

by Mr. A. D. Robinson and Dr. S. J. Challacombe

On 1st October Professor A. H. R. Rowe takes over from Professor W. J. Tulley as Dean of Dental Studies. We wish the former all success in the years to come and to the latter we give thanks for his cheerful and efficient leadership during the last five years and wish him a long and happy retirement. A full appreciation of his time at Guy's will appear in a later issue of the *Gazette*. A photograph is reproduced over the page which was taken recently at a party to celebrate Jack and Eileen Tulley's Ruby Wedding Anniversary. A great many friends were present, but among them were six contemporaries of his student days and a seventh, myself, who, though only a year or two more advanced, was by a strange stroke of fate, a phantom head teacher at that time.

Our congratulations to Dr. S. J. Challacombe and to Dr. Edwina Kidd who have recently been promoted to Readers of the University of London.



Left to right behind Professor W. J. Tulley, R. A. J. Mayhew, A. W. Hilliam, J. L. Attenborough, A. D. Robinson, Professor A. H. R. Rowe, S. P. Johns, I. A. Nelson.

Congratulations also to Mr. Nigel L. Fisher who has been appointed Consultant in Restorative Dentistry in the Department of Conservative Dental Surgery. It is understood that he will also have responsibilities elsewhere in the Region.

Our congratulations and good wishes go to Mr. Peter Longhurst who has been elected President of the Dental Society for 1985/86, also to Mr. Mark Foster the Honorary Secretary. We wish them an interesting and successful year in all the Society's affairs.

Readers of the *Gazette* will hardly need to be reminded that the Annual Clinical Meeting will be, as usual, on the 1st Saturday (1st of Month) of March, 1986, and will be followed by the Annual Dinner in Boland House on the evening of that day.

We report a new departure in respect of the Annual Ball which will be held on Saturday, 19th April, 1986, at the Hilton Hotel.

Physiotherapy

Physiotherapy Schools have always regarded their role to be a national rather than a regional one. They have accepted students from all over the country and expected them to spread out again on qualification. One year, in this School, we had at least one student from each NHS Region plus a Scandinavian, a Chinese and a Canadian. Nowadays we tend to be rather more parochial, or perhaps our applicants seek to acquire their training closer to home, and a survey of the origin of students qualifying over the last three years shows the majority (52%) to come from the South of England, with sizeable minorities from the Midlands (17%) and the West Country (11%).

There are signs that Regional Health Authorities, on whom the costs of running Schools fall and through whom the DHSS pays students their grants, are beginning to think that this is not necessarily a Good Thing. Why, they may ask, should we bear the cost of training physiotherapists to go and work in another Region?

One RHA has already set up a working party to look into the provision of training facilities and its own need for trained staff, and ours made some tentative enquiries about the destination of our students on qualification, but so far the notion expressed in the last few years that students seeking further or higher education should do so as near to their own home as possible, has not been pursued. The Council for Professions Supplementary to Medicine made an abortive bid for a manpower planning role for the groups it deals with, which would have controlled the numbers entering the professions and therefore the size of the Schools, but it did not seek to control the sources or the post-qualification distribution. There is, indeed, no obligation to practise at all, such as there was at one time, when acceptance of a grant implied a commitment to at least two years' work in the NHS.

In its Outline Regional Strategy, The S E Thames RHA concerns itself, *inter alia*, with manpower requirements and occupational training, and directs minds towards reducing not only the manpower levels but also the skills component to no more than those required to provide the service in question. While recognising that decisions on training are often not within its purview, the RHA means to establish methods by which it can influence those decisions "in the light of this Region's service requirements". It will propose mechanisms by which those who determine demand for skills participate in decisions on the training facilities to be provided. More economical use of man-power resources, it says, requires a relationship between training outputs and actual service needs.

The concept of reducing skills to the lowest level compatible with provision of a basic service has disturbing implications for the post-registration education programmes we have been striving to develop.

As to relating output to need, it is difficult to believe that, if the RHA were to forecast a requirement for, say, 50 physiotherapists in 1990 and to reduce the total 1987 intake of Guy's, King's and Thomas's Schools to that number, it would meet its target – unless it is proposing direction of labour as well.

Ronald Cooper

The Bore Report

Continuing, by popular demand, the informal, bigoted and progressively less coherent remarks of our resident alcoholic Cedric Bore. All information gratefully received. Any resemblance to any person living, or preferably, dead is accidental, and in many cases deplorable.

Tentative facts are emerging about shady goings on at windswept Suffolk, as reported by our foreign correspondent. At a week-end of twenty-first birthday celebrations the tranquil atmosphere was shattered by a bar-room brawl between the host's father and a medical student not renowned for his diplomacy. Apparently, the student had driven a dumper truck through the carefully landscaped garden and had caused the premature death of the resident garden gnome population. To the great amusement of onlookers a full scale fist fight ensued and some verbal unpleasantness occurred. It appears that some members of our community shouldn't be let out at week-ends.

A rat has hurt his paw while on tour with the public school wanderers, before he had played a game, needless to say. Attempting to abseil, Hollywood-style down the side of a bank, with the aid of an advertising banner, his descent came to a rather abrupt end, two floors short of his objective, with the resultant cracked metatarsal.

The Spiro dermatologist has been recently indulging in some rather curious medical research. One such project involved the investigation of the oxygen carrying properties of shaving foam by completely covering all his respiratory orifices in a six inch layer. His apparent survival led to the conclusion that it had a similar dissociation curve to myoglobin. The second project, also of dubious clinical value, involved probing into that age old question of whether alcohol allows one to actually sleep while standing up with minimal support. The conclusion in this case was categorically no.

The illustrious editor of the *Gazette* has been amusing us with his powers of persuasion and rhetoric. At a recent Brighton do he found himself locked out of the room where he was expecting to sleep by a student undertaking some inter-hospital liaison. The consenting duo were expected to curtail the proceedings by requests of such alarming simplicity as: "My name is John Latimer, open the door . . . My name is John

Latimer, open the door". I am told this is his usual mode of address to the editorial staff. (*Lies, damn lies - Ed.*)

One new house officer appears to be blissfully unaware of his now fully fledged responsibility. Having arrived at the scene of a patient having arrested his first retort to the casualty sister consisted of "Nurse, call the crash team" and was answered by a phlegmatic "You are the crash team". Decency forbids me to relate his second retort.

After years of promises the bar is now a fairly civilised place to live. Although now resembling the inside of certain vicera the new tables and stools are a considerable improvement, with, I understand, more to follow. One waits to see whether the new womb-like surrounding will inspire embryonic changes in the overall atmosphere; I sincerely hope not.

Disturbing rumours are emerging from high echelons of the medical school. A mole in the admissions hierarchy has repor-

ted an attempt to make Guy's "The most academic medical school in London ... at all costs". I need not elaborate on the disastrous effect this would have on extra-curricular activities at Guy's and it cannot be allowed to happen.

Overheard in H.Q.: "Women have got to be treated with respect" - There is something seriously wrong here.

The University of London have finally cottoned-on to the dubious nature of that tenuous link between us and that lot along the river. They are apparently whingeing that we haven't shown enough effort to justify the word united, and we are now forced into having a joint function in Freshers' Week. This potentially increases the available inter-fresher communication from the present: i.) What did you get in your A-levels? ii) Are you a medic or a dentist?, to now also include "Are you at Guy's or Tommies?" Will the poor dears be able to cope I ask myself.



I apologise for resorting to photo-journalism this month, but something really has to be done about the increasing number of playboys on the hospital staff presently. Would you seriously have your

grommets inserted by someone who a.) drives a lime green TR7, and b.) has a personalised number plate, ENT 1? I ask you!

Cedric Bore

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Introduction

If there are any sportsmen or sportswomen lurking out there in the new intake then please read this and maybe take some notice. The sporting activities available at Guy's are numerous and various and all are backed up by good organisation and facilities. Guy's Hospital athletic ground at Honour Oak Park is the closest sports ground to any of the medical schools in London and has excellent rugby, football, hockey and cricket facilities. You can read details about the various clubs in the Freshers' Mag, but the important thing is not to just read but to take part as well. To join one of the clubs available is probably the easiest way to meet your contemporaries in a social atmosphere and also to meet people in the years above. The pressure of academic work in the first year is not great and, whatever others may tell you, you have plenty of time to sail through your pre-clinical exams and have a flourishing sporting career as well.

CRICKET CLUB 1985 End of Season Report

Anyone who has followed the fortunes of the 1st XI or actually taken part in its performances both on and off the field would probably look back at the season with mixed feelings. To compare it with the previous season is very tempting and gives rise to thoughts of a disappointed nature. Personally, I am trapped between regarding the successes and failures as rather trivial events, on the other hand though I can take them very seriously with a certain regret and hostility in my memory. As a result it might be difficult to reach conclusions which make a lot of sense to everyone else. Nevertheless I will endeavour to be sensible, constructively critical and perhaps occasionally deconstructively humorous.

Probably the most striking thing of all is the wealth of potentially devastating cricketing talent concealed in the Guy's student body. This talent falls into categories which are described by the following adjectives: latent, unfulfilled, abused, debilitated, youthful, useful, raw, half-baked and red-hot. Those cricketers with the self-assurance to assume that they possess ability can entertain themselves by trying to guess

which adjective I have ascribed to them. To continue in a similar vein the qualities described above have not been complemented by determination, dedication, concentration and mutual respect without which most things do not function, let alone cricket teams.

So, what has been achieved this summer which actually stands to benefit the club which last year was exciting to so many people? Undoubtedly the season has been one of consolidation. There was a goodly crop of Freshers with more talent between them this intake than has been the case in the past. My greatest concern is that they will not have been scared off and that they will play a lot next season. This year only Brink, Pocock and Shannon played in considerably more than half of the matches and three do not make a team.

Matt Davies and Nav Masani were both injured for long periods during the summer. It was in the first match that Matt's knee problem lapsed rather badly, not a good omen. Nobody would have expected Nav to damage himself when, shaping to kick a floored beer glass he slipped headlong in the bar and broke his scaphoid as a result. This happened shortly before the first U.H. Cup match against St. George's and Nav can feel justifiably unhappy since he was going great guns and would doubtless sooner or later have reached the elusive fifty which will change the picture so radically. These two martyrs being so important to the integrity of the nucleus of the team, I have no doubt that winning and losing would have depended greatly on their presence or absence had they been available.

In spite of all the pessimism, there were some memorable moments both on and off the field this summer. A great victory against the Past will have spiced things up for next year and we look forward to producing that sort of form again. Kevin Singh's inspirational catch in the U.L. Cup against U.C.L. was in contrast with some of the horrendous dropped catches which have been a steady feature. Nav batting against the fierce pace of Brixton West Indians with his wrist in plaster; he almost saved the match but for an error in his assessment of Ed Rytina's forward defensive prowess. The dedicated enthusiasm that Simon Crowther

has shown inspite of his total lack of good fortune is really admirable. The straight six that David Bailey struck off Chris King, just so authoritative. The earnest way in which Richard Vowles strode in to bowl and the equally earnest way Jon Pollard advised the captain on tactics were quite amusing. These were some of the events which made the 1985 pseudo-summer enjoyable.

Finally Eric Dann and young Joyce are really to be thanked for their devoted support of the Cricket Club and thanks also to George Scott our infallible President. Apologies to him for making a mockery of his team selection in the Past versus Present. Next year they'll just have to raise an even stronger side!

Muddle-Headed Wombat

Dental Staff vs. Dental Students Cricket Match

The efforts of Kevin Jones in reviving the annual dental match were rewarded with a fine day's play in glorious weather at H.O.P. Despite the prospect of unpleasant inebrates in opposition the staff were not afraid to bring their family along (one student brought his, even). The two sides comprised of little cricketing ability, ranging from staff who would probably have fared better waving a super torque in front of their stumps, rather than a bat, to students who measure their prowess in the accuracy of their Donald Duck impressions. The match seemed evenly poised.

The students batted first. "Queer boy" Hyder and his whalesque flatmate Mike "there's a hole in my loo" Seare made a brisk start before Hyder had his stumps demolished by Kev Jones, who had by now worked up a fair pace. Seare didn't last long being bowled as chance would have it by a man with a similar waist measurement as the "Fat boy". After helping his team-mates haul Seare back to the pavilion, Tom Brink meandered towards the wicket with the air of a man who actually knew what he was doing. He and Colin Hawkes began to get on top of the bowling, keeping the scoreperson busy. Colin was dismissed for 32 and replaced by Paul Scanlon who, drunk with recent exam success, decided to take the scenic route back to the bowler's end after going for a swift second run and was duly run out. The great Frank Guppy, on this occasion not quite so great, was bowled by one of the only two straight deliveries that Andy Toms bowled all day. Nick Tucker got the other. Tom was hard done by to be given

out on 95 l.b.w. by "Cock o' the north" Jocky Wilson who had kindly taken time out from his junior "Reaper of death" duties on Floor 21 to partner Paul "Popeye" Shepherd in umpiring. The students' innings was crowned by Jones and rich Dicky Docker, 51 and 12 respectively. Tom's cautious declaration thankfully spared us the spectacle of Dyer and Meharg at the crease. Tea was taken.

The staff's opening pair of Shiraz Gulamali and "Boy" Barrett made a cautious start. Inevitably Bob Dyer, so often the hero on these occasions broke their partnership, comprehensively bowling Shiraz, sending him to his far pavilions. "Boy" soon followed. "Baltimora" Bradley and Kev Jones now occupied the crease and seemed to pose the only threat to student dominance. However the staff had their hopes dashed as Bradley fiercely cut Dyer through the gully only to be caught by Brink. Kev Jones had advanced to 17 and was no doubt looking forward to smashing Seare to the more distant parts of S.E.23. After bowling a very wide ball which happened to strike Jones on the pad the "Fat Man" leapt into the heavens for no reason at all. Those of us who knew the great man leapt to safety. Unfortunately Paul Shepherd who was not accustomed to such over exuberance raised his index finger. A gesture we all took to signify his utter disrespect for Mike Seare, but no! l.b.w.! Kev Jones was out and the game all but over. Eric Waites' wicket soon fell in a similar manner to most of his horses, whilst Oates unlike his famous namesake found the evening a little bit too cool and returned to the pavilion to warm himself in front of the fire. Bob Coleman and James Dickson made the score a little more respectable and with Phil Ayling coming in at number eleven and Dyer and Meharg at twelve and thirteen, the staff reached a total of 113 all out, the students winning by 113 runs.

I am sure everyone who took part would like to thank Eric and Joyce Dann for their efforts in looking after such a large number so well. Long may this fixture remain (as along as the students win!!).

Teams: Staff – Ayling, Barrett, Bradley, Coleman, Dickson, Gulamali, K. Jones, Oates, C. Rowe, Toms, Waites.

Students – Brink, Docker, Dyer, Guppy, Hawkes, Hyder, Jones, A., Meharg, Scanlon, Seare, Tucker.

Frankie goes to Honor Oak Park

MOUNTAINEERING CLUB

Summer Trip to Chamonix 1985

Grumbling like a bee-stung hog the dulux hand-painted minibus crawled into life. *Ankunft durch Glück* (for all you linguists, why not buy a dictionary?) I thought as I carved my way through the dusty air to a spare seat. Beer stock had been taken and everyone was in good spirits, ho, ho; Kathy was in even better spirits after collecting her hawl of duty-free, but that's another story. Simon the "silverstone kid" drove the first 75 miles to Dover. Already the tachometer had broken, not to mention the side-door, speedo', back door-lock, air-conditioning, electric windows (we never even found the switch for them). "Doesn't it have a drinks cabinet?" questioned Andy. The next 50 miles saw Lynton searching under the seats, in rucksacks, even under the dashboard until we decided to tell him that it was a joke just as he was about to slash the roof with his 2ft. survival knife. "A joke? Why didn't yee tell me?"

The journey continued for seventeen gruelling hours including a breakdown after which the van was overtaken by a kiddies pedal-power tractor going uphill and then on the way down the minibus gained so much momentum that it over-hauled the speeding tractor and Ferraris with Porsches into the bargain (much to Simon's hysterical joy). We arrived at Les Mollaises campsite in the famous Chamonix. Guy's Mountaineering Club had arrived so watch out everybody. The view the next morning was stunning. The Dome de Gouter rose shrouded in white like a huge icecream, all claimed it was Mont Blanc (and they call themselves mountaineers). The first evening saw the advent of the French excuse for beer. Bar prices being as astronomical as they were it was decided that 500 bottles of fizzy amber nectar would suffice. These were consumed, mainly by Kathy and Andy, at an astounding rate and as an encore Andy in his stupor attempted acrobatic handstands; he failed of course, painfully. Above this small group of merry men and women wooden beams criss-crossed under the roof and as a unanimous choice ace mountaineer Lynton was urged to try a complete 40ft. hand traverse. He did not succeed whilst in the meantime Simon the "silverstone kid" jumped up and thrutched his way there and back.

The activities of the holiday fell into four categories: walking, mountaineering, wind-

surfing and rock climbing. The wind-surfing took place on a smallish lake 10 miles away on a board nearly as big as the lake. None of the parts were missing, they just did not fit together. Getting the mast-step into its hole was like trying to get a model ship into a glass bottle. The sail was immense to the extent that the virtuoso Lynton with his very feminine, ultra posey wetsuit ended up almost parascending a few feet above the water. Andy and Karen showed a stoic determination to walk over every inch of the Chamonix valley. They deserve great praise for their achievements (more in the green book). Andy's only shortcoming was his failure to perform one handstand inspite of practising everyday. Lynton, Justin, Simon, Ghazala, Kathy, Mike and Gerry did some rock climbing. One incident of note occurred when Gerry and Kathy were soloing an 80ft. pitch only to be crowded out by Frenchmen. The awkward situation was resolved when Kathy (a French teacher) gave the verbals and Gerry swiftly and quite callously shot out a kick, sending the Frenchman sailing through the air, his snaplinks ringing against each other. (I understand they have a good hospital in Chamonix, so no tears need be shed).

On that day everyone was on top form including Lynton and his quotes so please see green book. Many routes were conquered and many nails broken. L'Aiguille du Midi was our prime objective, but time banished us from an attempt.

First attempt on Mt. Blanc, Lynton Banks, Justin Charlesworth, Simon Charlesworth, Ghazala Ahmad. Set off two hours behind schedule (keeping up the tradition). All was well until the Bossons Glacier had to be crossed at its worst point (we chose the wrong route). A bivouac was necessary and so under thirty tons of granite every one took a kip. The next day after cheating death for three hours the cross was made, but only Lynton could go higher. The rest returned.

In a mammoth epic of human determination Lynton ascended to the Grand Mullet hut and then on to 14,300ft. for three hours sleep and then up precipitous ice slopes to the summit.

Second attempt on Mt. Blanc, Gerry, Dave and Tony (Welsh friend). Epic journey it was. Public transport bus to Les Houches, after this soul sapping ride they managed (Gods know how) to clamber on a rickety, rough riding train to 2400m. Some people don't care what punishment it takes to reach the summit.

They descended *via* the same route to use their return ticket. With a couple of days left apathy reigned; a few more rocks were climbed on some tricky routes. To celebrate we arranged a meal at the very trendy "Boule de neige" in Chamonix. This went down very well. The meal consisted of a delightful beef casserole (though Gerry and Kathy settled for cheese and boiled potatoes) accompanied by some very English platters of chips. After about six helpings of chips each they declared that the restaurant had run out. All this was washed down with our own wine which we had bought in a supermarket. Kathy (the French-and-Lynton teacher) gave an intricate explanation that we had returned from a wine harvest to celebrate with our own wine. She was most embarrassed when the restaurateur gazed at the bottle of supermarket vintage.

The journey home was quicker, shorter and smoother due to a little re-routing through the flatter regions.

Don

Purples

University of London Purples have been awarded to the following:

Gymnastics – Nigel Monaghan (full)

Hockey – Sue Hamilton (full)

Lacrosse – Anne Golder (full)

Shooting – (Full-bore and .22) – Simon Horner (full), James Quinn (full), Simon Smallwood (full).

Skiing – Charles Balcombe (full)

St. Christopher's Megastars v. The Australians

Allan Border had first approached me about a possible fixture against The Megastars some time ago. When the last Megastars report was published in the famous annals of the *Gazette* I immediately sent an autographed copy to my sister Candida, who, purely by coincidence lived in the same town as Allan in Australia. It later transpired that she had carelessly tossed away the aforementioned publication (after many hours of blissful reading I might add) only for Allan to be served a portion of chips in it two days later. After Allan had devoured the last greasy morsel of potato he noticed that what he was holding in his hand was indeed the famous organ of Guy's Hospital and on further examination noted the remarkable exploits of the St. Christopher's Megastars against the might of the 2nd XI.

(See previous issues). Without further ado he phoned me direct at my London residence (reversing the charges I might add) to enquire as to whether or not we could squeeze in a match for them in between the 5th and 6th Tests. He was obviously still pretty upset about the decision against Wayne Phillips in the last test and remarked that Alan Lamb should exchange his cricket boots for Charlie Caroli's shoes so that he could deflect the ball a bit easier next time. We then had a long chat about Australia's prospects in the next test at the Oval. I must admit he didn't really play the game and made many snide comments about our English boys. For example, he suggested that Paul Downton should swap his gloves for the pair that Kenny Everett uses in his "Brother Lee Love" sketch, so that he could catch the ball a bit easier. There were of course all the old snide comments as well about the size of Gatting's bottom and the colour of Botham's hair. Funnily enough, I had spoken to Ian only the day before about his hair and had advised him not to bleach it as I knew it would only get on the selectors' nerves. It appears that despite my efforts he managed to lay his hands on some of Chris Pocock's "Sun-In" so that was that. He then proceeded to make further derogatory comments about Jonathan Agnew's frame, but I assured him that we had a player, Caruthers, who was even thinner and was in fact so skinny that he was working as a pipe cleaner in his spare time.

Allan was obviously worried about his own team and in particular Geoff Lawson who had both his arms ripped off in a freak fairground accident the day before. Unfortunately for him there were no back-up bowlers available, either, Craig McDermott having had his head bitten off by a rabid squirrel and Bob Holland was still recovering from having both his legs amputated because of gas gangrene. (His trousers were too tight). Anyway, despite all the problems we arranged a fixture, date – Bank Holiday Monday at H.O.P. – Allan was keen to escape from the glare of publicity for a few days so I kept the news to myself. When none of my team turned up on the Monday I realised that I really should have told them too, and changed the date to the next day.

I met Allan at H.O.P. at 9.30 a.m. and we inspected the pitch at once. As we rowed out towards the crease I thought it would be prudent to comment about the moisture and reinforced my statements by skimming

stones across the water and feeding the ducks. I suggested that what we needed was a giant sponge to soak up all the water and since we didn't have one of those I ordered the next best thing – one of Mike Seare's shirts. Water could have proved a big problem for our players, in particular "Smelli" Eli whose skin was allergic to it.

Well, we tossed up a coin and I called 'heads'. I sent down the frogman and he assured me it was tails so Allan decided to put his team in to bat.

Hilditch and Wood opened the Australian innings against the devilish bowling of "Smelli Eli" and S. G. Meharg (S. G. standing for smooth git). Meharg was as crafty as ever, opening his mouth just prior to delivery. The effect of this was that the sun would reflect off his laughably cheap gold crown and so temporarily blind the batsman. It worked a treat on this occasion, for it was only Wood's second delivery when the ball rose fiendishly off a length to hit him first in the mouth after which it was deflected onto the stumps. After the sickening sound of splintering teeth and ripping gums all was momentarily quiet. The silence was broken by the loud guffaws from Frank "Guppo" Guppy who at once offered to reposition Wood's evulsed centrals ... providing he got the points for it. Rick Harty, House Surgeon on duty signed Guppo's points book and the teeth were duly repositioned. Wood left the field a broken man and Simon Flynn tried to knock his teeth out as well. Australia nought for one! Shock Horror! Down the other end Hilditch was also having problems. Eli was so thin that when he ran up to the stumps his body could actually be hidden behind one of them which made it very difficult for Hilditch to see the ball. Alas and alack he was out trying to hit a bluebottle for six. Australia twenty for two! Jamie Leigh disposed of Kepler Wessels with a fine ball but on turning to appeal knocked out the umpire with his nose. Well, there was only one man who could have saved Australia and that, of course, was Allan Himself. I'll never forget the sight of Allan strolling out to the wicket – head high, moustache bristling ... with Rick Harty following behind him making "V" signs. Charming I must say. The fact of the matter was that Al makes all our bowlers look positively subnormal, except for Seare, who was subnormal to start with. We had no choice but to use our secret weapon ... the Great Bellis Burger! "Bellis" had just returned from his South African elective and was now being known as Big

Bloated Blubber Bag, Bargain Bucket Brunch Burger, Bread Brie and Banana Bolting, Botswana and Bulawayo Bashing, Biriani and Bhaji Burping Bellis Burger. (For previous title see previous issues). Bellis had obviously learnt his new technique from hunting wild animals, as he ran up to the stumps and threw a spear at Border, which went straight through his head. Luckily he fell onto his stumps, so umpire Bird had no option but to give him out. The team all ran to congratulate the "Burger Boy" and let of C. S. Gas cannisters to celebrate. With the heart ripped out of the remainder of the Australian batsmen (quite literally in the case of Welham) they made a paltry 187. Holland was out to a nasty chain saw attack and the last man, Lawson, was dismissed after smoking on the pitch (Dyer set fire to him).

George Bell and Brian Jenkins opened our innings. George was sporting the latest in protective headgear – a large bandage and Brian was sporting enough to go home. Before we knew it the score was ticking over and George had reached his fifty (stitches). Allington's first ball was indeed a blessing in disguise. Brian had returned by now and on seeing Allington's first ball (a bouncer) fell a passing pigeon, his lower jaw dropped in amazement. McDermott and Boon, who were patrolling the boundary, both fell over it and sustained serious injuries. What luck! The Australians were now having serious field placement problems as they were now whittled down to six men. Monologue came on following Jenk's dismissal and promptly bored one of the remaining fielders to death. Guppy scored a good 18 before falling leg before. The crowd however, were consoled by his stirring rendition of *Tosca* as he left the field. Wickets started to tumble, and Flanagan, "Chennus" and Cassar all went cheaply (50 pence each). The day appeared to have been saved by Eli when he ran onto the pitch at great speed. Unfortunately, he ran past the crease, the umpire and out of the ground. The reason for this strange behaviour soon made itself manifest as an evidently irate bank manager also ran onto the pitch and disappeared in the direction of Mr. Baran. The old stalwarts Rick Harty and Ed Rytina put up some solid resistance to the Aussie pace attack (a line of sandbags) and together put on the astonishing sum of 7,896 runs (a new world record – Len Hutton eat your heart out). The sheer skill of these two players had to be seen to be believed and such was the brilliance that even when

it had been seen, many could still not believe it.

Before we knew it the match was all but over and St. Christopher's had won by some 8,000 runs. Allan, being the true sportsman that he was went to shake my hand and then poked me in the eye. Well that's the last time the Australians play at H.O.P.! Many thanks to Eric Dann who provided the sumptuous 6 course meal after the match and the specially reduced orange squash (£16.50 a pint). Must go chaps - Clive Lloyd's on the phone. I wonder . . .!!

The Teams:

Australia: Wood (D), Hilditch, Wessels, Border (D), Ritchie (D), Welham (D), Phillips, Lawson (D), Bennett, McDermott, O'Donnell, Holland (D).

(D) indicates deceased.

St. Christopher's: Allington, Ellis (HP), Jenkins, Seare, Baran, Harty (K), Rytina (K), Cassar, Chen, Bell, Monahan, Flanagan, Dyer.

(K) indicates Knighthood as a result of victory.

(HP) indicates honorary peerage as a result of the victory.

Hugh Jarce

BADMINTON CLUB (U.L.U. Knock-out Cup Report for the 84/85 Season)

Over the last term and this term, Guy's Hospital Badminton Club have had very good success in the knock-out cup having now reached the final by beating Imperial College - who have over 5,000 students - in the Semifinals on the 4th February '85. But more about this in a minute. In previous rounds the team, which has been somewhat variable (John Tung, Andy Goode, Rob Murray, Colin Wong, Simon Tom, Susan Jackson, Mary Leaves, Alison Powell, Karen Banford, Maria Thom, and Louise Sell) have beaten some other very good London University teams including Chelsea College and Kings College.

The Semi-finals was a very 'touch and go' match with no obvious winning team until the last matches were played. The match started well with Mary Leaves winning the first game, ladies singles, for Guy's (11-0, 11-2) - which wasn't much of a surprise as she is a reasonably good county player. The match continued until the score was four games all, having lost all three men's doubles and the men's singles and having won

one of the ladies doubles and two mixed doubles. The ninth game was the most demanding, Sue Jackson and Karen Banford played the second ladies doubles, the game was best of three and our pair lost the first after being well ahead. Due to the hot hall we played in at Imperial College (and the Macdonalds Karen ate), the first game made Karen feel sick and worn out, but knowing this game could be the decider if we lost another game, Karen played on. Sue being a very good player made up for Karen being unwell, thanks to Sue's brilliant play and Karen carrying on they pulled back to win 2-1. Now at 5-4 up we needed only one more game. The last two games we won reasonably easily to win 7-4, and a place in the final.

Finals day - 'Did John manage to raise a full team' was the question I asked myself arriving at Boland House at 9.15 having arranged to meet at 9.00 and on arriving only seeing a complete ladies team and no other men's team players there yet: But in the next five minutes I was amazed to see - due to John's experienced organising - the rest of the men's team arrive. Off we went to University College's "Sports Hall".

The match was nearly as predicted; Mary Leaves won the ladies singles, then we lost the first men's doubles as usual and later on went on to lose the other two men's doubles games - although one game was actually lost 2-1 instead of the more usual 2-0. The ladies team as usual won all three ladies doubles, with all the ladies team (Mary Leaves, Sue Jackson, Alison Powell and Karen Banford on that day) playing very well. Now as usual we expected to win the match 7-4 by winning the mixed doubles and losing the men's singles, but, shock horror we lost the first mixed match (actually we got thrashed). In the next two mixed games John, who had played in all of them, got his game together and U.C. did not put up such good mixed teams as their first and hence we won both.

We now led 6-4 so we had already won, with only the men's singles to play; Andy Goode being very kind-hearted did not want U.C. to think they had lost the final convincingly so he "let" them win the men's singles (well, really lost 2-0 and couldn't do anything about it) leaving the final score at 6-5 to Guy's. Now Guy's has the best University Badminton team in London. Last of all a few thanks; thank you to all (the players) that played in the K.O. cup (for

playing); thanks to all the ladies team for playing so well to pull the men's team through; well done John Tung for organising the team for all the K.O. cup matches and for winning all but two mixed games all

season; thanks to Andy Goode for turning up for all the K.O. cup matches to play the men's doubles and to put a gallant effort into the singles.

Rob Murray

Hospital Information

NEW INTAKE 1985

MEDICAL STUDENTS

Abaecheta, Miss A. M.
 Banerjee, Mr. S. R.
 Barwell, Mr. J. R.
 Basarab, Miss T.
 Batley, Mr. M. A.
 Beattie, Mr. D. K.
 Bijlani, Miss A.
 Bird, Mr. C. F.
 Biswas, Mr. G.
 Bohn, Miss P. M.
 Borley, Mr. N. R.
 Bottle, Miss L. J.
 Bowden, Miss J. E.
 Brooker, Mr. J. C.
 Chadwick, Miss F. D.
 Chan, Mr. C. L. H.
 Chaudhuri, Mr. S.
 Child, Miss F. J.
 Choski, Miss S. M. D.
 Chowdhury, Mr. A.
 Cieslicki, Miss S. H.
 Clark, Miss H.
 Cuff, Miss B. E.
 Cynk, Mr. M.
 Daley, Miss H.
 Das, Miss L.
 Davies, Mr. N. H.
 De Salis, Miss L. O. C.
 Downs, Mr. A. M. R.
 Edwards, Mr. A. O. D.
 Ellis, Miss C. M.
 Elson, Miss E. M.
 Evans, Miss M.
 Feazey, Miss A. J.
 Ford, Miss T. J.
 Fox, Miss E. E.
 Froggatt, Mr. S. D. T.
 Gill, Mr. A. D. S.
 Goddard, Mr. M. J.
 Hall, Mr. N. S.
 Harding, Miss L. D.
 Hardingham, Mr. C. R.
 Hare, Mr. J. M. S.
 Heap, Miss E. L.
 Herzig, Mr. H. J.
 Hollis, Mr. L. J.
 Hosseinpour, Mr. A. R.
 Humphries, Mr. G. R.
 Jarvis, Miss H.
 Johnson, Mr. W. D. K.
 Kalsi, Mr. G. S.
 King, Mr. R. I.
 Kirkpatrick, Mr. W. N. A.
 Kitiyakara, Mr. C.
 Knight, Miss E. R.
 Kuczynski, Mr. A. S.
 Latifi, Mr. S. Q.
 Loughton, Miss K. A.
 Lee, Miss S.
 Lord, Mr. A. E.
 Malone, Mr. M. J.
 Maloney, Miss F. E.
 Marino, Mr. A.
 Maudgil, Mr. D. D.
 Mead, Mr. A. J.
 Miles, Mr. R.
 Millar, Mr. S. W. S.
 Morris, Mr. J. S.
 Nichols, Miss E. A.
 O'Dwyer, Mr. P.
 Paddon, Mr. A. J.
 Pambakian, Miss A. L. M.
 Patel, Miss S.
 Patel, Mr. S. S.
 Patient, Miss C. J.
 Peebles, Mr. C. R.
 Platt, Mr. S. J.
 Pradhan, Miss M. V.
 Pritchard, Miss H. I.
 Quick, Mr. D. G. C.
 Raulz, Miss S.
 Rawal, Mr. K. M.
 Reid, Miss S.
 Richardson, Miss C.
 Richardson, Mr. J. C.
 Rohatgi, Mr. S.
 Rosell, Mr. P. A. E.
 Shenton, Miss K. C.
 Sheppard, Mr. N.
 Skelton, Miss V. A.
 Smith, Miss S. M. E.
 Taylor, Mr. J. C.
 Thurston, Mr. M. S.
 Vernon-Smith, Miss J. W.
 Vickers, Miss F. M.
 Walters, Mr. R.
 Ward, Mr. S. P.
 Whelan, Mr. A. P.
 Williams, Mr. A. B.
 Wilson, Miss H. C.
 Wraige, Miss E. A.
 Yeung, Miss S.
 Yousef, Mr. Z. R.
 Yu, Mr. B. O. C.
 Yu, Mr. Q. C. F.

DENTAL STUDENTS

Abrahams, Mr. P.
 Amin, Miss R.
 Archbold, Miss K. J.
 Armitage, Miss C. S.
 Bahal, Miss S.
 Belford, Mr. S. C.
 Bell, Mr. M. G.
 Bloom, Miss K. L.
 Boden, Miss N. J.
 Booth, Mr. D. Q.
 Breeze, Miss L. D.
 Bridger, Miss S. F.
 Brown, Mr. P. J.
 Bunting, Mr. S. J.
 Burrin, Miss H. J.
 Cameron, Mr. M. G.
 Chand, Mr. E. K.
 Chapman, Miss R. C.
 Chung, Miss S. Y. J.
 Clark, Miss G. M.
 Colebourne, Miss J. S. L.
 Costigan, Miss L. H.
 Craik, Miss F. A.
 Dakin, Mr. M. H. E.
 Davey, Miss S. E. L.
 Dentskevich, Miss S.
 Diederich, Miss S. C. T.
 Drage, Mr. N. A.
 Duffett, Miss G. S.
 Edgar, Miss J. E.
 Evans, Miss M. L.
 Evans, Miss S.
 Feran, Mr. K.
 Fraser, Mr. J. S.
 Ghauri, Mr. S.
 Golar, Mr. S. S.
 Goldmann, Miss L. J.
 Gray, Miss R. P.
 Grout, Mr. T. D.
 Habashi, Mr. N.
 Hekmat, Mr. M.
 Hockey, Miss K.
 Hodgson, Mr. T. A.
 Hogg, Miss N. J.
 Hunt, Mr. R. A.
 Ide, Mr. M.
 Ihenacho, Mr. A.
 Keeling, Mr. G. R.
 Khatri, Miss J. S.
 Kotecha, Mr. J.
 Kumar, Mr. R.
 Lelean, Miss J. L.
 Lewis, Miss S. V.
 Liok, Miss K. H.
 Long, Miss H. C.
 McCann, Mr. R. M.
 McKenna, Miss S. M.
 Manara, Mr. S.
 Manlow, Mr. C. J.
 Mann, Miss S. K.
 Maye, Miss J. E.
 Moles, Mr. D. R.
 Moseley, Miss R.
 Osman, Miss N.
 Patel, Miss A. P.
 Patel, Miss N. T.
 Patel, Miss S.
 Poate, Mr. T. W. J.
 Prater, Mr. N. B.
 Rahemtulla, Miss F.
 Ramsohoye, Mr. A. M.
 Reshamwala, Miss Y.
 Schaeffer, Mr. W. E. L.
 Singh, Mr. J.
 Skoyles, Mr. H. S.
 Smeeton, Mr. C. M.
 Smith, Mr. J. E.
 Telfer, Mr. R. J.
 Teng, Miss C. L.
 Thomas, Mr. M. F.
 Thomas, Mr. P. W. N.
 Turner, Mr. J. W.
 Vaid, Mr. P.
 Verma, Miss S.
 Wadeson, Miss L. A.
 West, Miss C. J.
 Wilson, Mr. M. A.
 Wilson, Mr. P. J. B.

Guy's Medical Directory

The following is a list of those who qualified medically at Guy's from 1944 and to whom it has not been possible to send a circular about the new Guy's Medical Directory because their address is unknown or they have recently moved. Anyone who can help in tracing them is invited to send particulars to the Editor, Guy's Medical Directory, c/o Dean's Office.

Name	Year of Qualification
Brown, Derek Edward Meredith	1944
Cashmore, Alan Arthur	1945
Garson, John Zalmen	1946
Martin, Leslie Victor	1946
Hodge, Kenneth Edward	1947
Doy, Robert William	1948
Higgins, Peter James	1948
Miller, Robert Alexander	1948
Baxter, Robert	1950
Compton, Michael Sealy	1951
Cunningham, Henry Charles	1951
Jones, Gerwyn Leyshon	1951
McKendrick, William	1951
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Jones, Vivien Raymond	1952
Jacobsz, Jan Solomon	1952
Bender, Kenneth	1952
Frost, Philip James	1953
Harris, Dennis	1953
Moneka, (formerly Money) Gottlieb Love	1953
Myer, Frederick George Grenville	1953
McKenna, James	1954
Lord, Ernest William	1956
Morgan, John Anthony	1956
Dade, John de B. Johnston	1956
Bacchus, Solomon	1956
Anderson, Alex. Jeremy Upton	1957
Humphrey, Denis Charles	1957
Brooke, Murray Howard	1958
Cavendish, Michael Edward	1958
Hawker, Judith (Mrs. Rissik)	1958
Promtatvethi, Vajri	1959
Dixon, Edward Robert	1960
Connolly, Kevin James	1960
Adalja, Mahendra	1960
Burrows, Norman Edwin	1962
Ial, Samarthiji	1962
Meyer, Joseph Edward	1962
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Burshan, Khalil Munir	1964
Brown, Joseph Terence St. John	1964
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Marlowe, Martin James	1984

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MARRIAGES

WILLIAMS - Faux. On September 28th Andrew Williams to Heather Faux.

DEATHS

BOYD, D. C. L.D.S., R.C.S. Qualified Guy's 1944. Died at Addington Hospital, Durban, South Africa on August 14th after a long and protracted illness.

COX, Arthur Charlton O.B.E., Colonel R.A.M.C.(ret'd.) on 25th July 1985 in Ipswich Hospital.

PERSONAL

FOR SALE: Watson microscope (monocular) - half skeleton - Gowlands ophthalmoscope/auscultator. Offers. 0273-501980.

FOR SALE: Guy's dental students chairside cabinet: complete with instruments, except for forceps. In excellent condition. Ideal for domiciliary visits. £200.00 or offer. Tel: 455-5756 (evenings/weekends).

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The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

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Guy's Gazette

Christmas Raffle

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Always Look on the Bright Side

The *Gazette* has recently been criticised for portraying a negative and depressing view of the Hospital. Looking back over the last few issues it is hard to disagree with this, and one can imagine that someone relying on this as their sole information about Guy's might expect to find the Hospital in a state of terminal ill-health. Well, the Hospital is a little valetudinary, but the prognosis, though guarded, is good. Much building work and redecoration is being undertaken, and putative patients of the future will be better housed, as will their attendant nurses. Guy's House is being repainted, and the flower beds revamped. Such superficial changes do not mean that the deeper problems of underfunding have been overcome, but they hopefully contribute to the maintenance of the fabric until such time as Guy's can once again work to capacity.

On the student front the Hospital continues to be enjoyable, the courses are improving and the social life is at its best for many years. There is even the hope that the bar may improve after Christmas.

After the rape of R.A.W.P., the victim, despite rather torn clothing, has decided to become optimistic and fight for the future.

The Changing Face of the Guy's Medic

The rumour reported recently in the *Bore Report* apparently (and unusually!) has some substance. It appears that it is the aim of the selection oligarchy to aim for "higher quality" applicants to turn Guy's into the "most academic teaching hospital in London". Why?! As has been bemoaned in this column before, we already have large numbers of these "high quality" applicants: they can be found locked in the library in between lectures, scurrying home in the evening to do yet more work. Not contributing one jot to the sporting, social or any other facet of student life other than the Pyrrhic victory of doing well in end of term tests. Whatever happened to the traditional medical student, an all-rounder, or at least a chap with some interest outside medicine? Looking back at old Residents' Plays one reads of students appearing in professional plays in the West End. Can anyone imagine such originality and spice nowadays? And yet the aim of the medical school is to bring in even more academic students!

Guy's is already the most efficient exam factory in London. Why starve it of its character? It is the students who are the life-blood of the place – and also it is they who will take their places as doctors and dentists – jobs where there are more important things than an ability to absorb enormous amounts of largely unnecessary facts.

News in Brief

Dr. H. F. Percival

The *Gazette* offers hearty congratulations to Dr. Harold Percival who will be 102 years old on 26th November 1985. He entered Guy's in October 1906 from Trinity College, Cambridge – the same year as Mr. Lancelot Bromley, Sir Geoffrey Marshall, E. G. Slesinger and Mr. F. Boucquet-Bull – and qualified in 1911. He served on H.M.S. Africa during the Great War and was awarded an O.B.E.

Professor G. L. Monekosso

The Guy's *Gazette* is delighted to be able to report that Professor G. L. Monekosso, who graduated in medicine at Guy's in 1953, has been named by the World Health Organization as its Regional Director for Africa, based in Brazzaville, Congo. At Guy's he held various house appointments, including house-physician to Sir Rowan Boland. He then went to the medical school in Ibadan, Nigeria, where he was a lecturer in Medicine from 1960 to 1963. In 1963, he was appointed Professor and Head of the Department of Medicine at the University of Lagos, Nigeria, and in 1968 he became Dean of Medicine at the University of Dar es Salaam, Tanzania. In 1969, he was invited by the Government of Cameroon to set up the University Centre for Health Sciences (Centre Universitaire pour les Sciences de la Santé), in Yaoundé, and he was Dean from 1969 to 1979. This was a completely new medical facility which he established on a very firm foundation with high medical standards and from which over one thousand doctors, nurses and other health professionals have graduated, especially trained for their responsibilities for health in Africa.

In 1980, Dr. Monekosso joined the staff of the World Health Organization and became country representative based in Kingston, Jamaica, with responsibility for six Caribbean countries. In January 1985, he was appointed Regional Director for Africa. In this position, he directs and coordinates WHO programmes in most of the countries of Africa where the current problems are infectious and parasitic diseases, especially malaria, very high infant mortality rates (15 times the British rate), and malnutrition-related diseases, related to the drought in many countries – a tremendous burden of responsibility.

Dr. Monekosso is married to Grace Martin who trained as a nurse at Farnborough Hospital, Kent, so they are quite a Guy's family.

Front Cover

A drawing of Sir Frederick Gowland Hopkins by Mr. P. H. Schurr. Mr. Schurr has kindly presented the Medical School with this drawing of Sir Frederick Gowland Hopkins whose lectures Mr. Schurr attended when he was at Cambridge.

Dr. Walter Hamilton

Dr. Walter Hamilton was invested as Chevalier de l'Ordre National du Mérite by H. E. The French Ambassador on 24th September, 1985, for medical services to the French communities in Cairo and in London.

Dr. Hamilton was House Surgeon to Mr. Slesinger and Resident Obstetrician to Mr. Chapple before going to Cairo in 1939. There, he held the appointment of surgeon-gynaecologist to the Anglo-American and Victoria Hospitals. At the time of Suez, he returned to practise in London, where he was appointed to the honorary staff of the Dispensaire Français de Londres.

Dr. Hamilton's old friends at Guy's will be delighted to learn of this distinguished recognition of his services.

John Mayes

The *Gazette* sadly announces the death of John Mayes, the Thomas Guy Club bar steward, on 3rd September 1985. During his time at Guy's Mr. Mayes had built up trade and generally revived interest in the Thomas Guy Club. He will be greatly missed by customers and fellow staff alike.

Christmas Shopping List

Ties – striped	£2.25
– crested	£3.70
– rugby	£1.30
Scarves – Guy's and ULU	£7.50
Sweaters – navy blue, black, grey, sky blue, cream, beige, burgundy – size 34" – 46"	£13.75
Sweatshirts – navy blue, sky blue, royal blue, denim blue, green, red, white, black, pink, yellow, grey, fawn, burgundy – size small, medium, large, extra large	£7.25
T-shirts – blue, lemon, grey, green, red, white, black, navy blue, burgundy – size small, medium, large, extra large, extra extra large	£3.25
Jogging Suits – red, burgundy, navy blue	£15.10
Cufflinks	£5.50
Tie pins	£2.15
Lapel badges	£2.15
Blazer buttons – 1½cm	£2.25
– 2cm	£2.40
Blazer badges	£2.70
Hockey and rugby shirts to order – please make cheques payable to Guy's Hospital Clubs' Union and enclose postage and packing of 50 pence.	

Professor Keith Simpson

A memorial service for Professor Simpson was held in the Chapel at Guy's on Monday 23rd September. Dr. Roy Goulding gave the address. The Rev. Stuart Meyer and Rev. Edward Martin took part. Readings were given by Mr. Leonard Caplan, Q.C. and Mr. Ian Simpson (son). Among those present were:

Mrs. Simpson (widow)
Mr. and Mrs. B. Ross (son-in-law and daughter)
Mrs. I. Simpson (daughter-in-law)
and other members of the family.
Judge Layton and Mrs. Layton
Mr. L. Caplan, Q.C. and Mrs. Caplan
Mr. Evan Stone, Q.C. and Mrs. Stone
Mr. Ivor Reynolds, President, Association of Ex-CID
Officers of Metropolitan Police
Dr. R. L. Williams, Director of Metropolitan Police
Forensic Laboratory
Dr. R. Moffat, Association of Police Surgeons of Great
Britain
Det. Chief Inspector Landeryou, Metropolitan Police
Woolwich (representing Mr. Willis)
Representatives from City of London Police B Division
and City Coroner's Court
Mr. P. Weyell)
Mr. D. Byatt)
Mr. P. Bevan) Westminister Coroner's Court
Mr. R. Foster-Smith)
Mr. S. Hamilton)
Dr. Brian Creamer, Dean of U.M.D.S.
Professor J. R. Trounce, representing Professor T. J. H.
Clark, Dean of Guy's
Professor C. Chantler
Professor and Mrs. A. K. Mant
Dr. T. G. K. Mant
Dr. and Mrs. I. West
Mr. and Mrs. A. Campbell
Dr. K. S. McLean
Mr. M. Laurence
Dr. and Mrs. R. Goulding
Dr. L. Forman
Dr. C. Hardwick
Dr. Cox
Professor M. N. Naylor
Dr. C. J. Joiner
Professor C. W. M. Adams
Dr. P. J. Winter
Dr. P. Morrison
Mr. I. Bradbrook
Professor J. Joseph
Professor P. Polani
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Dr. R. K. Knight
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Mrs. V. L. Blaikley
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Dr. and Mrs. Bell
Mr. C. S. Argles, Deputy Secretary, U.M.D.S.
Mr. D. G. Bompas, Secretary, U.M.D.S.

Christmas Stall

The customary Christmas Stall will be held by The Friends of Guy's Hospital in the Colonnade from 2nd – 6th December, 1985.

It will be open from 11 a.m. until 3 p.m. Monday to Friday for one week or as long as stocks last.

We hope to have as wide a variety of goods for sale as possible including foodstuffs. Gifts for sale and offers of help will be most welcome.

Please contact: Mrs. M. McGlone, Honorary Secretary, Services Branch, Friends of Guy's, 23 B, St. Thomas Street, SE1 9RT.

Mr. Edward Bowen-Jones

The *Gazette* would like to congratulate Mr. Bowen-Jones for sewing back an 18-year-old Pietermaritzburg youth's completely severed hand – the first successful operation of its kind in Natal. Mr. Bowen-Jones qualified at Guy's and went to Africa as a Medical Missionary 6 years ago. He is now Consultant Surgeon in charge of the Plastic Surgery Unit in Durban.

150th Anniversary of the Canton Hospital

A meeting of the Section of the History of Medicine – part of the Royal Society of Medicine – is to be held in the Gordon Museum on Wednesday 6th November, 1985. This will be an Exhibition Meeting to mark the 150th Anniversary of the Canton Hospital. Dr. Simon Brook will introduce the occasion with a short lecture including the relationships between the Canton Hospital and Guy's and St. Thomas's Hospitals. At the same time a small exhibition will be on display in the museum until the end of that week. Anyone interested is welcome to attend the meeting.

Gazette Christmas Raffle

We shall again be holding our popular Christmas raffle this year. The revenue that this raises has helped to delay a rise in *Gazette* subscriptions, as well as, of course, providing a chance for some of you to win a not insubstantial sum of money. Prize money this year will total £400.

A couple of books of tickets are included with each copy, and if you wish to take any, please return the stubs and remittance in the envelope provided by December 11th. The draw will be held on December 14th, which should mean that there is time for us to send the prizes to arrive by Christmas.

Gazette Staff Changes:

We are delighted to welcome Neville Purssell and Martin Stefan as News Editors, and we wish both of them the best of luck.

Obituary

Dr. A. B. Wayte

Dr. Anthony Bevington Wayte, Consultant Radiotherapist at Guy's Hospital from 1948 to 1973, died on 18th August in Lymington Hospital, at the age of 74, after many months of ill health.

He was born in Doncaster and educated at Sherbourne College. The son of a dental surgeon, he studied medicine in London (having originally taken up dental studies at Cambridge) and qualified at Guy's in 1935.

He entered radiotherapy under Dr. Carter Braine in its early clinical days and he was appointed chief clinical assistant in 1937. He joined the Territorial Army before the war and was called up in 1939. He served with the 8th army in the Middle East, Sicily and Italy and was in Tobruk during the siege. He returned to England in 1945 and was posted to St. Hugh's College, Oxford as radiologist, caring for head injuries. After the war he returned to the radiotherapy department at Guy's and was appointed senior registrar, then assistant surgeon in 1948 and director in 1954. He helped plan the new department in New Guy's House which was opened by the Queen in 1961. He was an able lecturer and teacher. He was also consultant radiotherapist at Pembury Hospital, where the Guy's unit moved during the war, and held appointments at hospitals at Farnborough, Kent and West Hill, Dartford. Many will remember the hospitality offered by him and his wife Joyce at their home in Tunbridge Wells.

One of his main outside interests was sailing and for some years he and his wife sailed on the Solent from a holiday cottage in Lymington where they later retired in 1973. He built several boats including one made in Egypt during the war from planks hewn from old railway sleepers. More recently he turned to model engineering and made many scale working models of steam engines and tractors.

He leaves a wife and three children, John, Susan and Richard and six grandchildren.

P. J. W.

Appreciation

Professor W. J. Tulley

Professor Tulley retired on 30th September, 1985, after spending the whole of his professional life at Guy's. During the last five years he served as Dean of Dental Studies.

He entered Guy's Dental School in September, 1943 – a slightly older student than his peers because he had spent a prolonged period in hospital gradually learning to walk after a severe attack of poliomyelitis. His permanent disablement did little to mar an outstanding career.

He qualified BDS London with honours in 1947, obtained the FDS RCS England in 1950 and his PhD in 1964. Whilst an undergraduate he developed a particular interest in Children's Dentistry and Orthodontics and spent his clinical career in that department. He was appointed Head of the Department of Orthodontics and Dentistry for Children in 1964. He was given the title of Reader and later Professor of Orthodontics in the University of London. During his period of postgraduate training he was awarded the Newland Pedley Travelling Scholarship in 1954 to visit the U.S.A. – the first of several visits to North America where latterly he lectured on a number of occasions.

Professor Tulley played a major role in developing the hospital orthodontic service in this country. He was a founder member of the Joint Committee for Higher Training in Dentistry and Chairman of the Specialist Advisory Committee in Orthodontics from its inception. He was appointed Consultant Adviser to the Department of Health and Social Security in Orthodontics and Children's Dentistry for the period 1969 to 1978. As a member of the Board of the Faculty of Dental Surgery of the Royal College of Surgeons of England from 1964 – 1980 where he was elected Vice Dean in 1970–71, he was also able to influence the development of his chosen specialty.

He has held many important posts in the Orthodontic world, including President of the European Orthodontic Society in 1973 and President of the Third International Orthodontic Congress held at the Royal Festival Hall in the same year. He is an honorary member of the British Society for the Study of Orthodontics, the European Orthodontic Society, the American Association of Orthodontists and an Honorary Fellow of the Dental Society of Finland.

He has lectured extensively in the North and South American continents and in most European countries. He was the Charles Tomes Lecturer of the Royal College of Surgeons in 1973 and the John Mashon Lecturer of the American Association of Orthodontists in 1980.

He has published widely in American, European and British journals and with Mr. Alan Campbell has written a popular textbook on orthodontics.

During his period as Dean he has played a key role in the difficult task of uniting Guy's and the Royal Dental Schools, and it is largely due to his diplomatic skills that the merger has proceeded so smoothly. Additional accommodation was urgently required for the enlarged school and he was instrumental in having two extra floors of staff rooms and a seminar room built in the space above the Lecture Theatre.

One of Jack Tulley's main interests has been in dental education and he used the opportunity of the merger with the Royal to mastermind a new clinical curriculum combining the best features of the courses of the two schools. The new curriculum commenced just two weeks before he retired.

This bare outline of a distinguished career does not reveal much of the man. Countless patients have benefited from his orthodontic skills and he has been much in demand from members of the staff who wanted him to look after their children. Jack had a remarkable charisma and made friends wherever he went, he always had a cheerful smile and his presence running around in his wheel chair will be sorely missed at Guy's. His popularity was well shown by the large number of his friends who were present at his farewell party at the end of September.

We wish him and Eileen, who recently celebrated their Ruby Wedding, a long and happy retirement and hope that they will both be frequent visitors to the Guy's campus.

The motto '*Dare Quam Accipere*' is indeed extremely fitting for this Guy's man.

A.H.R.R.

Medical Student Visit to the Soviet Union

by Alison Walker

Thirty-five medical students from all over Britain, as far afield as Aberdeen and Cardiff joined together for two weeks in August to visit the Soviet Union. Some of the group had received financial backing from the Medical Campaign Against Nuclear Weapons, or the Medical Education Trust, and money had been offered by the *Sunday Telegraph* and other organizations, including the Medical Protection Society, to help fund the photography of the visit.

Before we set off, we made it clear to the Soviet organisers that we wanted contact with ordinary people, especially medical students, and the chance to visit clinics and hospitals.

Arriving in Moscow, we found ourselves slotted into the formidable Soviet Tourist Machinery, with visits arranged to such sites of unlikely medical interest as The Kremlin and Red Square. We insisted to our guide that we should see what we had come for, and visits to clinics were subsequently included in our programme.

It became clear that we could do what we wanted quite freely, without fear of being questioned or restricted. So, while in Moscow, we managed to take in the European Athletic Cup finals and see Steve Cram and Zola Budd win for Great Britain. Individuals managed to visit the wife of an imprisoned Jewish doctor, resident foreigners and friends at the Embassy. All of us met people in the streets, shops, trams and metro, as well as in their own homes. As a result we were able to form our own personal impressions of the Soviet way of life.

The official visits inevitably took us to some showpieces. We went to the Moscow Institute of Surgery where we were filled with a digest of statistics, and shown a glittering array of equipment: CT scanner, gamma cameras and so on. We were similarly plied with facts during our visit to the Health Pavillion at the Exhibition of Economic Achievements in Moscow, where the very latest technology is on display.

Polyclinic Number 33 afforded us the opportunity to get a clearer idea of how the Health Service works in the Soviet Union. Here we were able to ask questions of three doctors and look around the clinic. We were told with much pride about the multiple specialist services available in district polyclinics including the domiciliary services and resuscitation services based there. Acupuncture we found out, plays a surprisingly large role in treatment, being used in such cases as bronchial asthma and allergic rhinitis.

Soviet hospitals, unlike any in the British Health Service, are often linked to large industries or collective farms. We visited a polyclinic and 100 bed hospital attached to a farming collective in Tallinn, Estonia. 25 doctors served the 7000 workers providing a service which emphasised the value of regular screening, improved diet and increased amount of exercise. The collective also cared for the elderly by providing a medically staffed old people's residence. We also learned that the Soviet health system recognises the need for convalescence following serious illnesses; sanatoriums in the countryside are used, for example, for up to 2 months following a myocardial infarction, or intermittently for intensive treatment in the care of chronic disease.

Some of us also managed a private visit to a paediatric hospital, masquerading as Soviet medical students, and spoke with the doctor on call for orthopaedics and trauma. Facilities appeared to be of a comparable standard to those found in Britain, apart from the shortage of nurses; only 8 nurses were working on the 60-bed ward. The reason for this, we were told, was the low wage which nurses earned. The problem was partly overcome by mothers living in and carrying out many of the nursing roles themselves, meanwhile receiving paid compassionate leave from their work.

Despite hopes of finding equality under the Soviet system, I was dismayed to discover that although 3 out of 4 doctors are women, 80% were employed in the polyclinics leaving most of the men to take the prestigious jobs in the hospitals. As one vascular surgeon put it, "women can't take the strain or long hours required of surgery". It is disheartening

to hear these familiar attitudes especially when equality is promoted by giving women doctors 18 months maternity leave (6 months paid), job retention and crèches for their children.

On a different note we learned that the maximum working week for a doctor is 44 hours, also that private clinics do exist, for consultation only, all treatment being free. Drugs have to be paid for, but prices for common drugs are very low, for example 8 kopecs (8 pence) for 12 aspirin.

We were fortunate enough to meet up with some Soviet students who were as eager to speak English as we were to ask them questions about their way of life. Our informal discussions with them contrasted somewhat with the official state policy we were told, and in particular with a "round table" meeting organised for us in a Moscow hotel with two party members. Speaking freely with the students in their own homes, we were able to sort out some of the jumble of official facts we had been given and talk about much wider issues.

I learnt a lot from visiting this, one of the most powerful and beautiful countries in the world. The medical nature of the visit proved to be a useful way of finding out more about the Soviet Union than a usual package trip. I only hope that the students we met there will one day have the opportunity to make a return visit to Britain, so that they, like us, can see that the similarities between us are greater than the differences.

Guy's Evelina Children's Hospital Appeal

by Michael and Peter Joseph

"Carols for Christmas" Concert – Royal Albert Hall

Readers especially carol enthusiasts, will be delighted to hear that a carol concert will be held in the Royal Albert Hall on Saturday, 7th December, at 7.30pm. The proceeds will be shared with the Guy's Evelina Children's Hospital Appeal. In addition to carols, the concert will include the English Baroque Choir, three other choirs, Osian Ellis on the harp, English Brass Ensemble and Hoverla Ukrainian Folk Dance Ensemble. Leon Lovett is the chief conductor.

On occasions audience participation will be encouraged and the programme will include the words to avoid confusing the choirs.

Tickets ranging from £2.50 to £6.50 can be booked now through either the Ticket Secretary, Chandos Concerts, 27 Parkside, London NW7 (01-959 2688) or Royal Albert Hall Box Office, Kensington Gore, London SW7 2AP (01-589 8212) and usual agents. Tickets will be available during the first week of November, but anyone interested is advised to book as early as possible, as this concert is usually a very popular annual event. Cheques should be made payable to Chandos Concerts.

Sponsored John O'Groats to Lands End Tandem Ride in Aid of the Evelina Appeal

by Steve and Liz Fisher

1177 miles was the total in 15 days from John O'Groats to Lands End via London and Brighton in aid of the Evelina Appeal. When we arrived – midnight at John O'Groats on the eve of our departure with back-up team Eileen and David Ashcroft – it certainly seemed a long way to Cornwall. The next morning, having covered the back-up Metro with posters and writing about the event, we started pedalling through Scotland. Apart from a bad day near Dalwhinnie, described by the tourist guide as "a bleak place" where the wind and rain made their presence felt, we made fair pace through Scotland, averaging 80 miles a day. We gave several radio interviews and were in many local newspapers along the route, thus making the Appeal known throughout the country. Support along the route was tremendous and many donations to the Appeal were given to our mascot, a Scottish bear, Lord Ernest of Spey.

We reached London in 10 days and then set about organizing the London to Brighton leg. Then on to Cornwall.

Our back-up team was fantastic giving us moral support and plenty of chocolate. 204 miles were scheduled for our last 2 days and having struggled across Bodmin Moor and up most of the Cornish Hills it was a wonderful sight to see Lands End amidst glorious sunshine at 8 p.m. on July 18th. A back-up special of champagne greeted us! We would particularly like to thank Eileen and David Ashcroft; the Appeals Office; all participants of the London to Brighton leg; the Spastic Society. Thanks also to the following sponsors:

H.R.H. Prince Charles; The Medical Defence Union; Harriet Harman, M.P.; Stakis Hotels; Kickers; Macmillans; Marks & Spencers; Winganna.

Sponsored London to Brighton Cycle Ride

Early on Sunday, July 14th, more than sixty Guy's cyclists gathered in the Consultants' Car Park with an assorted variety of bikes. Everyone was given a copy of the route map and a Cycling Club Membership card with a 10% discount (off most goods) promised by our local cycle shop, London Bridge Cycles.

Members present included nurses, physios, radiographers, doctors, dentists, librarians, dieticians, ILEA teachers, local bank staff, radiotherapists and many students. Unfortunately, although many of the Paediatric department showed much interest in the ride, Dr. Haycock was, we believe one of the few representatives. Three other consultants, notably Dr. Rees, Dr. Hartley and Mr. Chapman joined Dr. Haycock and in fact all four were some of the first to arrive in Brighton.

The route led us up Sydenham Hill and some say it was uphill all the way to Brighton! However, many thanks to our marshalls who provided everyone with well-needed refreshments (courtesy of Colemans) and the sight of the red Metro, red van and blue MG kept many of us going!

Lunch stops varied but Turner's Hill was a popular stop. The rain held off all day although Ditchling Beacon was very misty and to those who cycled up the whole of the Beacon, it was a disappointing view!

Once at Brighton we were directed towards the American Express Building where we were given a welcoming reception and where some of the children from the local Westdene School presented Steve and Liz Fisher with a cheque for £535 for the Appeal which they raised by a sponsored run around the school grounds – congratulations!

The last to arrive unfortunately missed the reception but everyone except for two of the starters finished the course of 60 miles and we hope everyone enjoyed the trip.

Any outstanding sponsorship money should be sent to Liz and Steve Fisher, via the Cycling Club as cheques payable to "Guy's Evelina Children's Hospital Appeal – Special Trustees". Many thanks to all who raised sponsorship money.



407 Art Club Exhibition

by Martin Stefan

The 407 Art Club Exhibitions provide a regular showcase for Guy's based talent. It is a shame that they are so sparsely attended. This October's exhibition was devoted principally to a retrospective of Peter Schurr's pictures. Some of these were on sale, proceeds to go to the Newcomen Centre.

I particularly enjoyed his flamboyant chalk and pencil drawing of the Château de Charry, and the unusual composition and vibrant colours in his oil painting of the roofs at Český Krumlov in South Bohemia. The delicate watercolour of the Bridge at Ardtrasgart was also particularly fine.

Jo Foley's drawings, characterised by their fine draughtsmanship, included two portraits and an exceptional pastel of Tawny Owls. However, in contrast with Peter Schurr, one feels that the drawings lose in atmosphere a little of what they gain in accuracy of execution.

Photography was well represented by Theo Leibowitz's pictures taken in Kurdistan and Cappadocia. Particularly interesting was the picture of children at Nevşehir, combining strong composition with acute portraiture.

The abstract content of the exhibition was provided by the collage of Prof. Adenolfi. Bold colour and composition, interesting use of typography, and what can only be described as "hole-punch art". Most accessible is the simple composition of "Napoli"; the other collages are untitled and offer few clues to interpretation, perhaps relying more on immediate visual impact.

A wide range of artistic approaches is demonstrated at the "407". Even if you do not regard yourself as an "art buff", it is well worth making the effort of getting to the fourth floor of Hunt's House to see that art is alive and well at Guy's.

Look Back in Anger

reviewed by A.D.H. and M.R.H.

In the late '50's John Osborne and Colin Wilson were two unknowns. One wrote a play, the other a book. They did not know each other. The media linked the two and the "Angry Young Man" was born. Wilson's book "The Outsider" surveyed the literature of existentialism which had been neglected for so long in Britain. "Look Back In Anger" provided an even more accessible glance at these ideas.

At the end of the Summer Term a small group of second year medics, under the auspices of the Theatre Club, transported us back to these heady days out of which the mixed blessing of the sixties (when moral and intellectual "givens" were tested to the limit) grew. A brave choice in the mid-eighties when cash talks louder than ever and agonising about the finer points of sex and politics is laughed at.



Look Back In Anger was performed in the Harris Physiology Theatre. The set, carefully organised, included shabby furniture, the bare essentials – no more, no less – just as is suggested by the text. Similarly costumes were well thought out and portrayed the “period” of the play. The acting was of a high standard and of the four main characters, Helen Palmer and Charlotte Tennant are to be especially commended for their fine character studies. Helen, as Alison, grasped the complexities – uncertainty, vagueness and martyrdom of her position. At times she rather overdid the pained expression, but on the whole acted very convincingly; Charlotte Tennant as Helena contrasted smartly in her portrayal of the more well-to-do, organised and independent personality, while still managing to retain her streak of ultimate abandon. Of the boys – John Knighton played the superficially tough, yet undeniably dependent character of Jimmy Porter. I felt that he could perhaps have made a little more of the Northern background with which he is credited, but I very much enjoyed his interpretation, showing so clearly Jimmy’s rough-hewn vulnerability. Franco Moscuza (as Cliff) provided the stable unchanging pillar of the plot. He did well to manage a difficult Welsh accent throughout the play and maintained a good rapport with Jimmy. He also dealt adeptly with his half of his relationship with Alison. A difficult situation where he is obviously deep within a *cul-de-sac* of love with Alison, knowing there is no way out for him.



The play was directed jointly by Ewa Ossowski and Franco Moscuza, who are both to be congratulated on their fine achievement. Hopefully we shall be seeing some more of this talented bunch in the next year . . . Path. course perchance?

Birth Weight-Specific Perinatal Mortality Statistics at Guy's

by Vakees Thanga

Summary

It is proposed to analyse birth weight-specific perinatal mortality statistics for Guy's in the periods 1976/'77 and 1984/'85 and to use standardised perinatal mortality ratios using England and Wales in 1981 as the standard experience.

Introduction

Perinatal mortality statistics are more strongly associated with the incidence of low birth weight than any other variable including the quality of health care (Macfarlane et al, 1980). Low birth weight is in turn strongly associated with adverse socio-economic factors, but does not appear to be greatly influenced by current patterns of medical care. Despite this fact, health authorities are criticised or praised solely on the basis of crude perinatal mortality rates. Perinatal mortality rates standardised by birth weight provide at least the initial steps towards comparing areas fairly.

The reason for adjusting perinatal mortality rates is to produce a statistical indicator of the relative effectiveness of services in different areas of the country. It is obvious that such figures would hopefully provide information about the effectiveness of services in preventing perinatal death, and do not, as far as is known, reflect factors which are more difficult to quantify, namely infant and maternal morbidity and subjective matters such as mothers' feelings about their pregnancy and childbirth (Chalmers et al, 1980).

Birth weight distribution varies from population to population and also within a population over time. In their study Chalmers and colleagues (1978) calculated mortality rates adjusted to take birth weight distribution into account, and Mallett and Knox (1979) worked out standardised perinatal mortality ratios. These studies produced a single summary statistic which, whilst providing an easy means of comparing a large number of areas and populations, leads to loss of information as far as individual weight groups are concerned. It is unrealistic to treat birth weight as a homogeneous distribution, which is the main fault of crude perinatal mortality rates, and it is particularly important to realise the obvious heterogeneity of the low birth weight distribution. The number of areas and periods of time being compared in this study is much smaller than in the other references so that categorisation of mortality statistics by birth weight is reasonable and feasible.

When perinatal mortality rates in regional health authorities were compared with expenditure *per capita* on maternity services, the induction rate, the caesarean section rate, and low birth weight (Macfarlane et al, 1980), it was found that there was fairly strong evidence of association between the two variables only for low birth weight ($r = 0.53$, 13 df, $p < 0.05$). In the Guy's part of this study the period 1976/'77 was chosen because the



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special care baby unit (SCBU) came into operation then and the earliest registers of neonatal statistics were available from that date onwards, and were compared with the last year and a half.

Materials and Methods

1. The total number of births in each weight group for the two periods were obtained from the obstetric registers at Guy's. It was found necessary to group each of the 5879 birth weights individually since summarised figures were not available for the weight groups envisaged. The Guy's registers had end-of-the-year summaries of births in two weight groups only, namely <1500g and 1500–2500g.
2. The number of stillbirths and their birth weights were also obtained individually from the obstetric registers.
3. The neonatal deaths and their birth weights were obtained from the paediatric registers of the SCBU. It was found that some deaths were of babies not born at Guy's and these have been excluded.
4. Birth weight-specific perinatal mortality rates for England and Wales were obtained from the OPCS publication 'Mortality Statistics' (1981).

The expected perinatal deaths in each weight group were calculated by multiplying the total number of births in each group by the perinatal mortality rate for England and Wales in that birth group, and dividing by 100.

The same principle was used to calculate expected stillbirths and early neonatal deaths.

The "expected death" is the deaths an area would have had, had it had the mortality experience of England and Wales.

The standardised perinatal mortality ratio was calculated by dividing the sum of the observed deaths by the sum of the expected deaths, and multiplying by 100. χ^2 was used to test significance.

Descriptive Statistics

Low birth weight: Birth weight of less than 2500g.

Very low birth weight: Birth weight of less than 1500g.

Perinatal mortality rate (PNM rate): Number of stillbirths and early neonatal deaths per 1000 total births.

Early neonatal mortality rate (ENM rate): Number of first week deaths per 1000 live births.

Stillbirth rate (SB rate): Number of stillbirths per 1000 total births.

It is interesting that whilst most studies agree with the above definitions, paediatric textbooks and the DHSS define low birth weight as 2500g or less and very low birth weight as 1500g or less.

Results for Guy's

Low birth weight births accounted for 8.6% of all births in '76/'77 and 9% in '84/'85. There has been nearly a doubling in the percentage of births in the <1000g group whilst the other groups have remained much the same ($\chi^2 = 3.85$, 5 df NS). A number of births were registered without birth weights.

There were 14 stillbirths and 20 early neonatal deaths in '76/'77 giving



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a S.B. rate of 6, an E.N.M. rate of 8 and a P.N.M. rate of 14. In 1984/85, there were 12 stillbirths and 16 early neonatal deaths giving a S.B. rate of 4, an E.N.M. rate of 5 and a P.N.M. rate of 8. There were no neonatal deaths in the '76/'77 period, but there were 3 in the '84/'85 period (2 in the 1000 – 1499 group, and 1 in the 2500 + group). This gives neonatal mortality rates of 172 and 3 respectively for these groups and those in all the other groups are the same as the ENM rates.

Table (1)

**PNM Rate by Birth Weight in England and Wales (1981)
Guy's in '76/'77 and in '84/'85**

Weight (g)	PNM rate Guy's '76/'77	PNM rate Guy's '84/'85	PNM rate England & Wales '81
Total	14	8	11.78
<1000	500	111	681.78
1000–	250	133	298.27
1500–	179	89	122.63
2000–	67	16	32.82
2500+	2	4	3.84
N.K.	111	67	31.14

Table (1) shows that in England and Wales in 1981 68.2% of the <1000 group died, 29.8% of the 1000–1499 group, 12.3% of the 1500–1999 group, 3.3% of the 2000–2499 group, but only 0.4% of the 2500+ group. In contrast, Guy's in '84/'85 had lower percentage deaths in all the birth weight groups although the difference was very small in the 2500+ group. It must be stated however that the figures for Guy's are based on much smaller numbers.

The expected perinatal deaths can be calculated for the two periods using England & Wales and these are shown in Table (2).

Table (2)

**The Observed and Expected Perinatal Deaths at Guy's
for the Two Periods.**

Weight (g)	'76/'77		'84/'85	
	Obs. PN	Exp. PN	Obs. PN	Exp. PN
Total	34	33.47	28	59.6
<1000	7	9.54	4	24.54
1000–	5	5.97	4	8.95
1500–	7	4.78	5	6.87
2000–	9	4.43	3	6.20
2500+	5	8.47	11	12.02
N.K.	1	0.28	1	0.47

The standardised perinatal mortality ratio for the '76/'77 period is 102 and for the '84/'85 period is 47.

Comparison of the observed and expected perinatal deaths shows that Guy's had worse figures for the 1500–1999 group and the 2000–2499 group

Guy's Hospital in Southwark's History Part I

by S. C. Humphrey, Assistant Local Studies Librarian and Archivist,
Southwark Local Studies Library

The Victorian author, Henry Mayhew, wrote in 1849 that "so well known are the localities of fever and disease, that London would almost admit of being mapped out pathologically, and divided into its morbid districts and deadly cantons, for as truly as the West-end rejoices in the title of Belgravia, might the southern shore of the Thames be christened Pestilentia". Mayhew had in mind the district of Bermondsey – the hinterland of Guy's, which had suffered another epidemic of cholera in 1849 – and in particular the area at Dockhead known as Jacob's Island, a notorious slum which was then still surrounded by open streams and amidst which Dickens had found a suitably grim setting for the death of Bill Sikes. Yet Bermondsey's population of 48,000 in the census of 1851, two years after Mayhew wrote, was barely sixty per cent of its peak figure in 1901. Also, after 1851 there were still many years to pass before main drainage and good water supplies found their way into the courts and alleys of Bermondsey or indeed into any other districts of what is now the northern part of the London Borough of Southwark. It took the so-called "Great Stink" of 1858, when the open sewer of the River Thames yielded odours in hot weather which prompted the draping of the windows of the Houses of Parliament with curtains soaked in chloride of lime, to secure the proper attention to the main drainage of London, which was undertaken in earnest in the next few years.

"*The Times*" of July 3rd, 1858, recorded that on June 30th there had been seen in a corridor of the Palace of Westminster "the members of a committee rushing out of one of the rooms in the greatest haste and confusion . . . foremost among them being the Chancellor of the Exchequer [Disraeli], who, with a mass of papers in one hand and with his pocket handkerchief clutched in the other, and applied closely to his nose, hastened in dismay from the pestilential odour . . . Mr. Gladstone also paid particular attention to his nose . . ." In introducing the Government's bill on the main drainage of London shortly afterwards, Disraeli described the Thames as "a Stygian pool reeking with ineffable and intolerable horrors". The bill was enacted within eighteen days of its first reading (21 & 22 Vict., c.104). Southwark and Bermondsey were thenceforth drained by the Southern Low Level Outfall Sewer and its tributaries.

In Southwark, however, it was well into the twentieth century before the sanitary movement of the mid-Victorians had its full effect. Southwark arguably included the most insanitary areas of Victorian London. It was peculiarly appropriate that John Snow's discovery of the way in which cholera spreads was based at least partly from observations in Southwark. Researchers into social history have tended to study the better-publicized East End, but not only Mayhew in 1849 but other prominent Victorian writers give no doubt of Southwark's unpalatable primacy. Charles Booth,

for example, the author of the monumental "Life and Labour of the People of London" in the 1890s, called St. George's parish in Southwark "the centre of the greatest mass of poverty and low life in all London". Pity the poor Medical Officer of Health for St. George's, William Rendle, who, in his retirement, nevertheless devoted himself to researching and writing the history of Southwark. Whereas a medical textbook has a notably low expectation of life, at least in a given edition, Rendle's historical work, "Old Southwark and Its People", of 1878, is still the standard general work in its field. No work has superseded it because nobody who knows the sources as well as Rendle knew them has yet re-interpreted anything to an important extent.

How did Southwark reach such a position of squalor in the nineteenth century? Southwark had not been nearly so poor nor so squalid in its earlier history. For most of its long existence from Roman times, it had been a curious combination of a suburb of London proper, a dependency of London Bridge and an independent town of the county of Surrey. Its origin and growth demand some attention to its geology. The riverside parts of the modern borough once comprised marshland, which was intersected by inlets and streams. New Guy's House stands where the remains of a Roman ship, buried in one such former inlet, were found in 1958. Some of the local streams were discussed several years ago in a book called "The Lost Rivers of London", which was written by a medical man, Nicholas Barton. He showed, incidentally, a correlation between the incidence of chronic bronchitis and the course of the former River Fleet and published a map depicting "places of onset of house-dust allergy of the respiratory tract in relation to waterways in London south of the Thames".

In this inundated district, there were a number of relatively dry patches of land. The termination of the name "Bermondsey" indicates an island; compare the cases of Battersea, upstream, and Thorney and Ramsey in the Fens. A group of patches of higher ground – islands of sand and clay – lay opposite the centre of Roman London, which was in the vicinity of Cornhill. Thus the reason for Southwark's existence was the river crossing, London Bridge, by which the Roman military engineers brought their major roads from the Kent ports and from Sussex into Londinium. With the aid of Southwark's islands and of causeways – still remembered in Newington Causeway – the engineers traversed the difficult marshland. From the Roman period until at least the sixteenth century, Southwark comprised little more than the street to the bridge – variously called Long Southwark, the Borough and Borough High Street – and some development for a few hundred yards at right angles to it as far down as St. George's Church. Archaeologists have repeatedly shown that in all those long centuries land farther away from the high street was not inhabited.

The bridge and the high street determined the land use and the government of Southwark. The bridge encouraged the City of London to take an interest in its suburb. Southwark came to be partly governed from the City and partly by its own landowners; the name "Borough High Street" does not recall a chartered borough such as other mediaeval towns became but the memory of King Alfred's "burh" or fortification against the Danes in the late ninth century.

(To be continued.)

in '76/'77, but had better figures for the very low birth weight group and the 2500+ group, compared with England and Wales in 1981.

For the '84/'85 period, Guy's had better figures in all weight groups and particularly in the <1000 group ($\chi^2 = 17.2$, 1df, $P < 0.001$), compared with England and Wales in 1981.

Discussion

The effect of using England and Wales in 1981 as the standard experience might be expected to give a SPNMR in excess of 100 for the '76/'77 period and less than 100 for the '84/'85 period, on the assumption that there has been a marked change in the quality of health care over these years. It is however a matter for debate whether the actual SPNMRs, of 102 and 47 respectively, are indeed indicative of a high standard of health care at Guy's.

Comparison of birth weight-specific perinatal mortality rates for Guy's shows that the figures have dropped by more than one half over the two periods, in all weight groups except the 2500+ group.

The SPNMR for the low birth weight group, for Guy's, is 113 and 34 for the two periods respectively.

Birth weight-specific perinatal mortality statistics should be regarded as only the initial steps towards assessing different areas fairly. It is to be hoped that congenital malformations which account for 20% of all perinatal deaths in England and Wales each year be excluded from the calculations since health provisions cannot prevent the great majority of them. To this end, multiple births should also be excluded as they tend to increase the low birth weight numbers.

The use of an arbitrary figure for the upper limit of low birth weight seems illogical in view of the dynamic nature of the birth weight distribution. Gösta Rooth (1980) suggested measuring low birth weight as those below two standard deviations from the mean birth weight for the population. Unfortunately, this would lead to a definition that varied from year to year and would be very impracticable. It might however be possible to vary the definition over five year periods rather than yearly and if possible to round off figures so that they may be easily remembered. The gestational age used is also an arbitrary figure and gives rise to difficulties in assessing stillbirths, since it depends on an accurate knowledge of the day of conception. The World Health Organisation has thus recommended 500g as the criterion for future definitions.

Ultimately, cause-specific perinatal mortality rates within birth weight groups should be calculated, however that is not likely to come into existence for some time yet.

Acknowledgements

I should like to thank Mrs. Rosemary Brown of the Department of Community Medicine for her kind advice with the statistics.

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The Arts and the Deaf: Part III

by Juliet Goff

The Written Word

For the deaf this is probably the most demanding of all the arts, for it constantly involves a sophisticated use of language. Fine prose and poetry force us to imagine the sights, sounds and emotions that the words portray. This is done not only by the literal meaning of a word, or sentence, but also by the sound of the word itself. An onomatopoeic word, for example 'Splash', suggests its meaning. Sometimes a poet may use repeated sounds to help convey a particular mood. Notice in the following quotation, from the Prologue to Act IV of Henry V, how Shakespeare uses 's', soft 'c' and 'ch' sounds to help us imagine the scene on the night before the battle of Agincourt.

"From camp to camp through the foul womb of night
The hum of either army stilly sounds,
That fix'd sentinels almost receive
The secret whispers of each other's watch:"

Those with a high frequency hearing loss would find it especially difficult to appreciate this auditory nuance, for these are the very sounds that they cannot hear.

Poets may use particular words or turns of phrase because they scan better, or simply because they sound more beautiful. In the same Prologue, instead of using "imagine night", Shakespeare writes:

"Now entertain conjecture of a time
When creeping murmur and the poring dark
Fills the wide vessel of the universe."

To a hearing reader, it is devastatingly beautiful, but to a profoundly deaf person with a restricted vocabulary, the sentence is lost.

The use of visual illustration may help the deaf to appreciate prose and poetry. Pictures in children's books are common place and in comics they are the dominant feature, but they are rare in adult literature. Perhaps my favourite examples are William Blake's own illustrations to his "Songs of Innocence and Experience".

The Theatre

"Sounds like Spring", and "Picture It" are two plays, by Penny Corsdagli, which were written with the intention of making the theatre more accessible to deaf children. This can be achieved by heightening visual elements of the story, and, on stage, by making action and movement explain the language rather than the other way around.

When children themselves start acting, scenery and props play an important part in the imaginative drama. It is hoped that acting will, in itself, be an incentive to use language, for, on the stage, words and actions are linked so closely: it is a kind of "total communication".

In Mark Medoff's play, "Children of a Lesser God", the age old controversy of communication by "Manualism" (signing with the hands) or "Auralism" (using residual hearing, lip reading and speech) is discussed. The dispute is settled in favour of "total communication" (which, as the name implies, uses a combination of both manual and aural methods). The audience are exposed to this method of communication a number of times during the play: Sarah, the heroine (played by Elizabeth Quinn) signs her part in the conversation, while James (Trevor Eve) interprets what she is saying – as if to himself – but in reality, for the benefit of the audience.



This is only one method of using total communication in the theatre. There are, however, many other techniques available. An interpreter standing at the corner of the stage may sign what is spoken for the benefit of deaf people in the audience; or, shifting the emphasis, deaf actors may act and sign on stage whilst their 'voices' (people sitting in the front row of the stalls) speak for them. (I should make it clear that the signs used are those of "Signed English" and not the "British Sign Language" which is virtually impossible to co-ordinate with the spoken word.) An individual character may be portrayed by two people, one talking and the other signing. A variation on this theme was used by the Sixty Six Drama Section in their production of "West Side Story".

Finally "the voice" can be incorporated into the cast. This technique was used most effectively in the production of "West Side Story" for Riff, the leader of one of the two rival gangs.



John Wilson, the deaf actor, as Riff (in the centre) mouthing and signing words; as his "voice", also ostensibly a member of the gang, (on the far right) speaks.

By whatever means the communication is made between actor and audience it enables profoundly deaf people to enjoy an art form which otherwise they would never know.

Breaking the Sound Barrier

We all, like Robert Bridges, "love all beauteous things", we "seek and adore them". Indeed, the arts provide some of the greatest joys that life has to offer. They can be enjoyed at all ages, even when we are "old and grey and full of sleep". Because of ignorance, misunderstanding, and sometimes a rather narrow-minded approach to their problem, the deaf are in danger of being denied the arts.

However, the various charitable organisations which have the interests of the deaf community at heart, such as the Royal National Institute for the Deaf, the National Deaf Children's Society and the British Deaf Association, are all mines of information.

They know which theatres are fitted with magnetic induction loops, which museums and art galleries have signed tours, and where the deaf can learn how to dance. The B.B.C. also offers various services for the deaf:

CEEFAX SUBTITLING

When CEEFAX was first developed by BBC engineers in the early 1970s, it was recognised that it would be an ideal method of broadcasting subtitles for the deaf and hard of hearing. All the viewer does is to call up the appropriate page and the subtitles appear in a 'box' superimposed on the picture.



Dr Who
with CEEFAX
subtitles

'SEE HEAR!'

See Hear! is the regular BBC Television programme for the deaf and hard of hearing. The programme has both sign language interpretation and subtitles.



John Lee
interpreting
See Hear!

If the deaf are to enjoy the arts to the full, the cultivation of an interest in the subject should start at an early age. The Warnock report stressed the importance of teaching the arts in schools for handicapped children, but, in spite of this, they are often still seen as a peripheral and non-essential part of the curriculum. Many would argue that as deaf children have to grow up and live amongst a hearing community, every emphasis should be placed on the cultivation of speech. But speech is not isolated from other forms of communication, and every art form contributes to alleviate what Dr. Johnson described as "this most desperate of Human calamities."

"The Arts and the Deaf" won first prize for a medical student's essay at the Royal College of Otolaryngologists and is printed with their kind permission.

Guy's Hospital Gazette



We should like to remind our readers that all copy for inclusion in the "Gazette" must be received 15 days before publication. Copy dates for the next two months are November 13th and January 15th.

Copy may be sent to us at 23b St. Thomas' Street, Guy's Hospital, SE1 9RT.

Birth, Marriage, Death and Change of Address notices are inserted without charge to subscribers.

When subscribers notify the "Gazette" of Change of Address, would they please indicate whether or not this should be published.

Personal notices are charged at 10p per word (prepaid, minimum £2.00).

Non-subscribers are charged £2.00 (prepaid) for all notices other than Death.

Dental Notes

by Mr. A. D. Robinson

Thursday 26th September saw the farewell party to the retiring Dental Dean, Professor W. J. Tulley. Many dental staff and others of the hospital and schools, with some loyal friends now retired from the Guy's scene, gathered in the Robens Suite. Professor A. H. R. Rowe, the incoming Dean of Dental Studies spoke with gentle humour about his friend of long-standing and former fellow student and presented him with gifts from his colleagues. These included a television receiver, a microwave oven, some cigars, and, perhaps a little naughtily, a box of matches. Professor Tulley replied, briefly for him, and a few words were said by Professor T. J. H. Clarke on behalf of the Medical School.



Passing the baton? No, Professor Tulley receiving the book of good wishes from Professor Rowe.

As one of four members of senior dental staff recently engaged in marking the Newland Pedley Prize Examination, I believe a few words on this subject would be appropriate. Readers will mostly know that it consists of two parts, a written thesis or essay on a set subject and a practical consisting of the comprehensive dental treatment of a patient. The former involves much preliminary reading, the latter tends to consist of crown and bridgework and sophisticated removable prostheses. Even to complete the course is an achievement of great merit, to win the Prize marks a man or woman as a potential top dentist for the future.

Former dental graduates should note (in case they are tempted to suppose "things are not what they were") that the quality of the practical work in recent years has been excellent by the standards of any generation I have known and the quality of the written element seems to get better year by year both in substance and in presentation.

This year we had five starters, one dropped out due to patient problems, four finished. All were highly commendable results but the essence of a prize examination is that it is competitive, it is like an Olympic running or swimming event; the difference in physiological terms between the competitors is negligible, fractions of a second or a few feet or inches, even fractions of inches may separate one from another but only one is the winner – so it is with a prize examination. Let the winner be proud of the achievement and hang his (now smaller) certificate on the wall and let the

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others remember this item in *Dental Notes* and be proud to have competed. They were not far behind.

In the very near future I shall cease to help write *Dental Notes*. This is not because I have disgraced myself in the eyes of the Editors, it is simply that I shall soon be 65 years of age and shall retire from Guy's. I am glad to say that Steve Challacombe will continue to contribute and he will be joined by Mike Maberley who has promised to share this challenging task. Mr. Maberley has recently transmuted from Dental Superintendent to Director of Dental Services. We wish him well in his new and highly responsible position. With two such eminent writers the quality of dental reporting should rise sharply. I shall read it with interest.

The Pre-Clinical Laboratories, Floor 27

The Pre-clinical classrooms on Floor 27 have been completely re-equipped and new benches installed to provide extra places for the increase in student numbers. The extra numbers arise because of the merger between Guy's and the Royal Dental Hospital and also the changes resulting from the new dental curriculum.

The island benches will provide an extra twelve places for students. They have been manufactured by KaVo EWL at their factory in Leutkirch Germany. Although students are now using them, further modifications are necessary to the rotating arm carrying the handpieces and the 3 in 1. When these modifications are completed it will be one of the most modern "phantom head" installations in the world.





Guy's Hospital Gazette Prints

The *Gazette* has produced full-size photo-facsimiles of five pen and ink drawings by Hanslip Fletcher of Guy's Hospital and its environs, on matt-finish high quality paper suitable for framing. Prices include postage and packing.

The Medical School, 1947	Size 15" × 12"	£7.00
The Main Entrance, 1946	Size 15" × 12"	£7.00
The Park, 1946	Size 15" × 12"	£7.00
Hunt's House, 1948	Size 15" × 12"	£7.00
The "Ship and Shovel", 1912	Size 10" × 8"	£3.50
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The tops of the benches are made of a special hard wearing composite material. Suction is provided for coarse grinding at the end of each row of benches in order to minimize the inhalation of dust. The students instrument cabinet will fit into the recess at the right hand side of each bench and the old "Phantom Heads" have been lovingly restored and modified to fit the new benches by the Medical School Workshop.

New lockers have been installed in the classrooms, new flooring has been laid and the area has been redecorated.

J. E. Cardwell

Physiotherapy

The Chartered Society has put it to us that by the end of this decade each of the Schools of Physiotherapy should have devised its own course, proposed its own teaching methods and course philosophy, and constructed its own examination system, so that the centrally imposed curriculum and national examination arrangements may be devolved upon the several institutions. This is seen as part of a professional developmental process which will allow maximum use of putative local excellence – while minimising potential local awfulness. This is to be achieved first, by validating each proposal *ab initio*, and, second, by insisting on a continuing strong input by external examiners, once the preliminary validation has been effected.

The preferred programme is one where a pre-clinical period is followed by a block or modular system in which a period of in-school teaching is immediately followed by a period of clinical practice directly related to the new-learned theory. At present, we – like many other Schools – work a system of modular teaching, but are unable to complement it by immediate hands-on experience.

Although within a year a match will be made between theory and practice, more students will not get immediate opportunities to put theory into practice than will, and this clearly is neither logical nor desirable. Now that we are looking at our students as people undergoing a learning-experience (if you will forgive the expression) rather than as a labour-force supplementing the paid professionals, we really must achieve a better correlation between what is taught and what is practised. This

means moving away from the half-day in School and half-day in the wards regime that has served us well in the past, and which has kept a steady supply of willing, if uneducated, hands available to treat patients. We must plan for periods when a group of students, brimful of theory, will be debouched upon, say, the orthopaedic wards, and periods when they will be wholly withdrawn from them. Periods there will be when we call upon the senior clinical physiotherapists to stand back from the patients in order to teach and supervise, followed by periods when they will – with their qualified juniors – resume their own treatments and direct patient contacts.

In order to enlist enough placements we will have to range wider than we do now. To find enough patients, but, more importantly, enough skilled clinical supervisors to teach at the bed-side and oversee treatments by fifteen or so students all simultaneously wanting the same sort of experience, entails travelling further afield than the Lewisham and North Southwark District. Unfortunately, that costs money – not just the travelling (or even the subsistence and lodging allowances if the distances become too great) but also the clinical teaching allowances for the senior physiotherapists involved in the process. As we all have been forced to recognise, this is the very commodity that is the least available in these straitened times, and it is hard to see that our prospects of developing new clinical training-grounds for the future will be any better than those for our present survival. The plans, however, must be made if we are to do anything constructive with that survival, and they must be made with a mixture of realism and optimism which will carry the School into the 1990's with a capability which will enable it to build on its past achievements.

Ronald Cooper

The Bore Report

Continuing, by popular demand, the informal, bigoted and progressively less coherent remarks of our resident alcoholic Cedric Bore. All information gratefully received. Any resemblance to any person living, or preferably, dead is accidental, and in many cases deplorable.

I am delighted to inform readers that we have a new Bar Personality of The Month. For the first time the winner is a female. This astonishing girl, let's call her Bianca, gave the bar a display it has not enjoyed in years, and on the first time she had been there!

Fortunately, there was a Spiro present to give a spot diagnosis of her prolapsing mammary tissue, which might have screwed up a lesser man who wasn't right in a position to check.

Any high flyers amongst you may be interested in the discrepancy between those two centres of excellence, the R.C.S. and the R.C.P. It is not widely known that whilst one is allowed a mere six attempts at the M.R.C.P. exam, one is allowed indefinite stabs at F.R.C.S., providing one coughs up the readies. I'm convinced that this has nothing to do with the fact that the *in officio* President of the Royal College of Surgeons attained the heights of fellowship at the seventh attempt.

Further awards this month: The Bore Award for Tact and Diplomacy goes to Sniffer. Whilst on a visit to a drying-out clinic for alcoholics, he announced with his usual fog-horn whisper "Let's go for a few beers". Those of you who are further interested in Sniffer's pearls should ask him about his gem in Ante-Natal clinic which I am afraid is unfit to print as it would probably close the hospital.

Although now rather old hat, I think you should be informed of the chromosomal abnormality's latest blunder. At a recent Radiographers' function at H.O.P. a rather perverse fetish was shown by the above for the XX variant dressed almost exclusively in nappies. I would be interested if any readers

know of any clinical evidence of a connection between these two abnormalities.

It's nice to know that our new Dean, Dim Spark, is finally getting to grips with his new job. On a recent ward round he took the patient's visitor, incidentally an attractive red-head, to one side to sympathise with her about the dire condition of "her" father. Unfortunately for Dim, she was a Guy's final year medical student on "liaison psychiatry" (*what that?—Ed.*) and he mistook her attempted polite interruptions as a sign of distress at the news. Hopefully Dim will get to know you *all* well in the near future.

An example of that famous Irish subtlety was recently exhibited at a local pizzeria. Norm the Cat, who you may recall recently lost one of his lives whilst attempting to master the art of polevaulting, treated the value of his second life with equal abandon in walking straight through the plate glass of the entrance door. Readers who have recently been to Italy may be surprised to learn that the proprietors were more concerned with Norm's welfare than the state of their frontispiece – maybe this is to do with the fact that we let the lies into the Common Market. (*We did?—Ed.*)



Caption competition: The womb snatcher in action yet again. Suggestions please to Bore, c/o The Gazette.

Shock! Horror! Freudian slip! With anti-Palestine feeling running high in the wake of the Achille Lauro crisis, I was delighted to have been informed of an unusual retribution suggested by a Jewish immunologist, who said "Take your goat albumin and inject it into a different species, such as an Arab." He later claimed to have meant to say a "rabbit".

If any readers find a camera stamped with "Property of the Dept. of Dermatology" then it should be returned immediately to the "Fresher" with long hair and blue denims. He will be sitting in the Bar on Friday and will be very grateful.

Although acting totally against the Hippocratic oath, I was shown recently a case history taken by a Guy's H.O. which may be of interest to anyone concerned with the health of their vice-president:

Name: Moose, Duncan

Occupation: Professional organ of Medical Students

C/o: Antler hyperplasia.

H.O.P.C.: 1972 – noticed bilateral hyperkeratosis superolateral to temporal artery.

Gradual increase in size for the next 13 yrs.

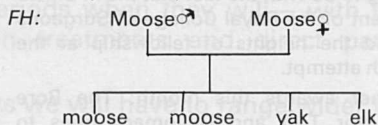
- noticed hairy outgrowth from natal cleft ... "like a tail".

At same time noticed 10x increase in abdomen girth.

Relief from 20 pts. John Bull/7; aggravated by <20 pt./7.

PMH: 1975 – antlerectomy

1978 – laparotomy for blubber removal



OE: Ugly, fat, hairy, badly dressed. °JACCO

CVS: Apex beat not palpable, dull heart sounds (nil added). Absent pulse r. forehoof.

RS: Clear

AS: No organs palpable (in fact nothing palpable)

CNS: NND.

Impression: Should be put out to grass.

All of you will no doubt be under the impression this is a little cruel, but a plea to bar staff: in the interest of his own health – do not serve this man!



The beret over George's gear stick caused a trickle of amusement recently. It is widely believed that with advancing years he has

finally decided to have his TR6 changed into an automatic, but doesn't want anyone to know.

The hirsute ex-Penetrator captain was not at his best on a recent medical round at Lewisham. Having been referred to as "Creeping Jesus" by the previous patient, his tentative diagnosis on the next case of right lower back pain being due to acute pyelonephritis was made rather tenuous when the consultant asked the patient to lean forward and reveal a scar corresponding to a right nephrectomy ten years previously. I can think of one present Penetrator as another good bet for such a mistake.

I hope keen devotees of Guy's ephemera will have watched "Songs of Praise" recently. This film was noticeable for its rare footage of a mega-firm ward round *not* being taken by a houseman. There too was a much awaited sequel to the Great Gonzo's last tongue-in-cheek performance on *Thames News*.

Some readers will already know of the Bear's infatuation with a certain baby catcher. So entranced is he that he missed a dermatology out-patients to play squash with her. Imagine his mortification to find that Mac. had brought Out-Patients to him, merely to enquire about the aetiology of *Tinea cruris*.

Many congratulations to the rugby club for their performance at the Freshers' Fair. It is fortunately not often that so few people cause so much irritation to so many. Anybody who had their clothes, windsurfer or T.V. ruined by flying tomatoes, flour or water should present the bill for the damage to the rugby club. And to the freshers who fled in terror – it's safe to come out now!

Finally, I am informed that one should tread carefully when mentioning *Private Eye* in the company of female fourth year psychiatrists, as one wouldn't want to offend, would one?

Cedric Bore

Correspondence

With Thanks

Dear Sir,

About a year ago my wife, Carolyn, became very ill, and you kindly allowed me to thank, through your pages, the medical men and women, some friends and one-time colleagues, and the nursing staff involved, for their great care, skill and kindness during the initial stages of my wife's treatment in Guy's Hospital. Despite all this and much subsequent care of the same high order, she died a few days ago, on October 7th. Once again I hope you will let me express our gratitude to all those who devoted so much skill and humanity to both of us in our grievous trouble.

Your sincerely,
ROGER WARWICK
55 Hall Drive,
Sydenham,
London, SE26 6XL

Dear Sir,

My wife and I would like to take this opportunity to express to Professor A. H. R. Rowe, my successor as Dean of Dental Studies, our most sincere thanks for organising the wonderful party to celebrate my retirement. We wish him every success in the future.

It was a very great pleasure to see so many friends and colleagues past and present, some of whom had travelled long distances to be with us.

It is just not possible to write to everyone who contributed to such wonderful gifts which will be treasured and enjoyed in my retirement.

I have spent 43 very happy years at Guy's and would like to wish the staff of the Schools and Hospital every good wish for the future.

Yours sincerely,
W. J. TULLEY
"Bunbury",
133 Westhall Road,
Upper Warlingham,
Surrey CR3 9HJ

Another Guy's Links

Dear Sir,

In his most interesting history of otolaryngology at Guy's, Peter Robb has forgotten one member of the department who has achieved immortality in a very different field. W. Laidlaw Purves, who was consulting aural surgeon from 1874 to 1902, appears to have done little for otolaryngology at Guy's. He was, however, a keen golfer and in a search for the linksland of his native Scotland he found the ideal terrain at Sandwich where in 1887 he founded the Royal St. George's Golf Club, the scene of this year's Open Championship and one of the great golf courses of the world.

Is there no end to the contributions of Guy's men to civilisation?

Yours sincerely,

J. R. TROUNCE

Professor of Clinical Pharmacology

Freshers' List

Dear Sir,

I read with nostalgia the Guy's *Gazette* when it regularly arrives on my desk here in the provinces. Whilst I am happy with this one-way arrangement, I would like to comment on the sad omission that has befallen your worthy publication concerning the schools or origin of your new students.

I personally am very grateful for my past and would like to see that some noble traditions continue, namely that schools foster the links which have been forged with Guy's Hospital over centuries. Indeed, Thomas Guy in his will left a large sum of money to Christ's Hospital to allow poor children nominated by the Governors of Guy's to attend this noble school for their formal education. I would like to think that such contacts continue, for there are other schools with a long history of support for Guy's medicine. I would therefore like to see that such traditions can still be gleaned from the *Gazette* when the Freshers' list is published.

Yours sincerely,

ROGER PARKER, MS FRCS

Consultant ENT Surgeon

Royal Berkshire Hospital,

Reading

The Unhappy Face of Guy's

Dear Sir,

On the occasion of Professor Keith Simpson's Memorial Service which I attended, I was horrified at the unkempt state of Guy's grounds and buildings - I had not visited in daylight for several years.

Having parked in the multi-storey car park the first thing I noticed were the dirty windows in many of the buildings opposite. On proceeding into the grounds one noticed many little bundles of debris and rubbish before one entered the "Park" where many of the seats were covered with bird droppings, the windows of old Shepherd House mainly filthy.

After the service I joined some old friends for lunch in "The Grapes" and this thoroughfare to Borough High Street was beset with rubbish - what a face a leading teaching hospital presents to the public!!

Yours, etc.

J. M. FULLERTON

Emeritus Consultant Pathologist

The Root of The Problem

Dear Sir,

"*Passim*" of August 31st 1985 should make us all wonder what is happening to our world when, in theory, we have the ability, through science and technology, to make life pleasant for everyone. A similar editorial in "*Anaesthesia*"¹ bemoaned the fact that we are now able to carry out some most dramatic operations with considerable success, but are unable to change "the inviolable, immutable and sacrosanct concepts . . . which produce the agony for the human race", which is shown in its inability to solve problems between its different members. This is true in the NHS, as well as in the coal industry, British Rail, or when two nations try to solve their common problems.

The editorial in "*Anaesthesia*" produced a letter², part of which, I feel, is worth quoting. "certainly we are now able, often with great effort and at great expense, to alter some parts of the human body, but we cannot alter human nature; and it is human nature which is responsible for the 'inviolable, immutable, and sacrosanct concepts . . . which produce the 'agony for the human

race'. However, a completely new and excellent nature, which would enable us all to live peacefully with our neighbours, is freely available to all,^{3,4} but has been ignored by far too many for far too long."

Yours truly,
Dr. STEWART BURNS

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- For further reading (!) 1 Corinthians 12: 4-26

Sport

MEN'S HOCKEY

Guy's 1st XI v Woodstock Won 3-0

Guy's scored a comfortable win over rather unsophisticated opposition in their opening match of the season fielding a new look side, with five freshers making their debut: Mark Cynk, Alan Whelan, Sat Golar, Stuart Millar and Deepak Gill all played with skill and enthusiasm.

With those old favourites, Neale 'sore inner thigh' Calver and Robin 'these boys are ugly' Russell in defence, Guy's always looked in control in attack, Tom 'executive' Brink was dominant and scored with a fine strike from a set piece. Jeremy 'I've left a friend in the lurch' Gregg also played with great skill. Alan Whelan had a game to remember, scoring an excellent goal, then receiving a nasty cut on the chin from a rather agricultural swing. Despite this, the match was played in a good spirit, except from one incident, when Tariq 'I'm the umpire, mate' Sethi suggested in his usual subtle manner that a flick should be given. He subsequently found himself apologising profusely before the true official.

Thanks to Mark Pritchard for umpiring under great duress. Team: Calver, Russell, Sethi, Gill, Brink, Baird, Whelan, Gregg, Cynk, Cranston, Millar, Sub. Golar.

EARNEST JESTER

MOUNTAINEERING CLUB

"LITTLE CHAMONIX"

Independently of the main GHMC trip to the French Alps this summer, Hamish Gillespie and I spent a very pleasant fortnight in Chamonix. It was a hastily prepared "ex-

pedition" and neither of us was prepared at all. Despite this (or because of it as Hamish insists) we completed several good routes which gave us great satisfaction. We had a mini-epic on the Frendo Spur - but came through it unscathed and much wiser for it! We also did a short but interesting route on the Grand Chamois, unfortunately we were turned back from the Grepon traverse by pressure of time. The following is a short account of our last climb, the "Old Brenva Route" on the Italian side of Mt. Blanc (Brenva Ridge, 1000m AD+/D).

We never intended to climb the Brenva Ridge, it happened by accident! We set off early one morning from our camp in Chamonix with plans to climb the Tour Ronde North Face. There were rumours, however, that recent snowfall had generated windslab conditions and made us change our plans. We decided to do an easier rock route with no risk of windslab avalanche in the descent. Accordingly we made off towards the Pyramide du Tacul with the intention of climbing either that or the Trident du Tacul the next day. While crossing the Vallée Blanche it seemed that the windslab danger had been exaggerated and by the time we approached the Pyramide a more ambitious idea had entered our minds. We decided to go for the Brenva Ridge.

This is a classic Alpine route that all novice British alpinists aspire to. We both felt (for no very good reason) that the time was right and that we had the collective "bottle" to do the route, even if we had to improvise with our equipment and rations.

So, we changed our tack and headed across the Maudit/Tacul glacier towards the Trident bivouac hut on the French/Italian

frontier ridge. We reached the hut without difficulty, thanks to a unit of the Italian Alpine Corps who fixed their abseil rope so that we could use it to protect our crossing of the particularly ugly bergschrund below the ridge. The scene from the col on the frontier ridge is humbling. The Brenva glacier below is dominated by the huge, threatening Peutery Ridge with its faces and closer, the various couloirs and ridges of the Brenva face itself. Nearest of these is the Brenva ridge proper, starting at the Col Moore and sweeping up to the serac barrier below the slopes of the summit of Mt Blanc by a large rock step and a series of snow and ice crests.

We rested briefly at the hut, sharing a brew with four Yorkshire climbers who were staying there before doing the Brenva Ridge. The main topic of conversation was the exit through the seracs which can vary from year to year and was not at all apparent. . . . We really should have bivvied there and done the route as it is normally done – but we followed our own plans – which were to reach at least Col Moore and bivouac there or preferably even higher in order to start the rest of the route with the physical and psychological barrier of the bergschrund behind us and the route well started. Although we came to no actual harm doing it this way – we took considerable risks by doing so. We crossed the upper Brenva glacier without incident but only gained Col Moore after several false moves and bad decisions. From there we floundered in wet, unstable, dangerous snow around the first rock step and arrived at the base of the main rock section of the ridge. We wasted much time in these bad conditions and I was relieved when Hamish found

a reasonable bivvy site. We resolved to regain our strength with a meal and a rest there and continue that night. We enjoyed the fantastic view over the Italian foothills as the light faded and we drank huge mugs of hot tea. Hamish slept for a brief period but I remained awake and watched the lights of the following four climbers. I woke Hamish at 11.00 p.m. and we set off from the bivvi an hour later.

Route finding was surprisingly easy on the rock section. In places it was steep and exposed but nowhere was it difficult. We climbed fast together, rarely stopping for belays. When we reached the snow section Hamish took over leading as I felt tired, having led continuously, more rock, in crampons, in the dark than I ever had before. The snow section was alternately horrendous and terrific. In some places the snow was (as rumoured) in very poor condition, very soft, deep and coming away in large slabs. In other parts it was a classic knife-edge in hard snow, and very exciting too with only one head-torch between us (Hamish's battery and bulb went at the same time. I gave him my spares whereupon my battery faded too!) However, Hamish continued the lead in stalwart style, never discouraged and always strong. At this point the four Yorks lads overtook us, grumbling about the route-finding (although I doubt that they would ever have climbed the route without us, as their earlier attempts would have taken them up the Sentinelle Rouge). We followed them up the never-ending ridge, glimpsing the most beautiful dawn over our shoulders as we climbed. The last ice-field below the seracs is only about 150m but the hard ice at such an angle exhausted us. We climbed it completely unprotected, using

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only one axe each to save time and effort. We both remarked afterwards that it was a serious pitch but neither of us said anything of it at the time. We reached an area of mixed ground below the seracs and caught up with our compatriots. We rested there while they found a way through the ice-barrier for us. It became very cold despite the growing daylight as there was a 60–70 kph wind gusting. The serac pitches proved easy (grade II) but much longer than we expected. By the time we reached the final bergschrund, in spine-chilling spindrift, we had already given up any thoughts of “strolling up” the remaining 200m to the top of Mt Blanc! We ran down the Mur de la Côte to the Col de la Brenva and ate some lumps of chocolate in the relative shelter there.

The descent *via* Mont Maudit and Mont Blanc du Tacul is an easy but gruelling traverse. We took turns to lead the final ridge up to the Télépherique station at the Aiguille du Midi, always a heartbreaking slog after a long climb. We reached home safely and jubilantly – having set off for one route and having actually “gone for” a route of our dreams (albeit less than average by modern standards). Hamish and I had climbed for just short of 48 hours solid – with less than 1 hour’s rest – and got a buzz from nearly all of it! We returned to Britain shortly after, still exhausted but very, very satisfied.

N.B. The vicious rumours that we subsequently out-drunk and out-animaled the contemporary British Mountaineering Council’s Alpine course in Argentière are completely true. Any claims to the contrary will be strongly contested by our legal representatives.

BEN WYATT

GHMC THE GOWER PENINSULA SEPTEMBER

After two weeks climbing in Chamonix the club members were suffering acute withdrawal symptoms, so on Friday, 13th September nine enthusiastic climbers and one not so (–273°C) set off to the Gower Peninsula to do some sea-cliff climbing.

Next morning we were rudely awoken by a vicious gale (wet rock and high winds) which along with the high tide meant that climbing the cliffs was out of the question. Saturday’s exercise started with pushing the minibus flooded with sea water and petrol

to the nearest hill so that it could be bump-started. (Moral of the story – don’t park the minibus facing the sea in a gale). Then off in search of an indoor climbing wall but all we could find was the leisure centre at Swansea with a swimming pool inclusive of hydroslide and wave machine. Lynton “Rambo” Banks attempting to crack the tiles with his head after diving into the so-called deep end emerged in a pool of blood; it’s a good job there were no sharks around.

Whilst in the pub drowning our sorrows the weather suddenly cleared. Eureka, and after several pints of orange juice and lemonade we hastily headed for Three Cliffs Bay. At last the tide was out so the climbing started. Lynton lead a couple of VS’s (40–60ft). The rest of the crew followed “S P-L” climbing better than ever after his liquid refreshment. A small crowd soon gathered as we climbed various interesting routes, but alas the tide came sweeping in so we were forced into tactical withdrawal. On the way back an ancient Welsh monument, some sort of ruined castle provided excellent scrambling and free climbing for some members of the club.

All day Sunday was spent at the appropriately named Fall bay. Lynton lead a 120ft VS (4a) with a 5ft overhang at the top. Simon managed to climb halfway then came down (but had he had a cooked breakfast?). Ed Willis with the aid of a very tight rope whilst negotiating the overhang completed the climb and recovery of the rest of the protection. “S P-L”, Dave Foskett and Charlotte Figgis amused themselves on less exposed rocks. By the afternoon the tide was out, allowing the team access to more interesting rock. Simon followed Lynton up another VS with the help of his anti-gravity EB’s. This time we found out that “S P-L” had not had a cooked breakfast so he was unable to complete the climb. Ed Willis was next putting up a brave attempt but “slid” off muttering various anglo-saxon colloquialisms. Ghazala Ahmed whilst trying out her newly discovered talents was told by Simon who was belaying her, “you can stretch your legs wider than that”. She was another who hadn’t eaten a cooked breakfast. Meanwhile the rest of the team spent an enjoyable day climbing less demanding stuff. The day ended with the customary stop at Joe’s Ice-cream parlour and the watering hole at junction thirteen on the M4 before we were engulfed once again by London Traffic. Was it a full moon that night though?

WHITE CHEEKS

SQUASH CLUB

7th Year in Succession

Last season Guy's once again entered a team into the Hospitals' Cup Tournament which was generously sponsored by the Medical Sickness Society. As holders of the cup for the past six years Guy's had a relatively easy run through to the final, in which they were to meet St. Mary's. A hard fought match was expected since Guy's had had a close game with St. Mary's the previous year in the semi-final. This year St. Mary's was considerably strengthened by the addition of an ex-Welsh international playing at number one, so that J. P. R. Williams (of Welsh Rugby fame) played at second string.

The match was played at the City Squash Club in Aldgate. David Taylor and Jonathan Webb went on court first. After a promising start David was defeated in three games, mainly through lack of match practice. While on the other court Jonathan was playing his usual fast game, retrieving all the powerful shots his opponent could offer. Eventually

he won the match 3-1. With scores level, Pat Hourihan and Ray Sharp went on court. Pat rose to the occasion against J. P. R. and played his best squash of the season with consistently accurate shots and fine rallies throughout his 3-1 victory. Meanwhile the number one strings were having a long, determined and exciting tussle. Ray Sharp pulled back from being 2-1 down and finally won magnificently. The Squash Club president, Roger Lewis, kept pressure on his opponent to win 3-1, the final score then being 4-1 to Guy's. After the match team members and supporters enjoyed a delicious buffet provided by the sponsors.

Retaining the Hospitals' Cup was a fitting end to an excellent season for the Squash Club. In the Cumberland Cup the men's first team won the fourth division, having been promoted from the fifth division the previous season. Ray Sharp (number 1) and Colin Holden (number 2) gave excellent performances throughout the season and



Guy's Hospital Squash Team (1984/85) – winners of the Hospitals' Cup.
Standing: P. Hourihan, D. Taylor and R. Lewis (President). Seated: J. Webb and R. Sharp (Captain).

were well supported by Pat Hourihan and Frank Beer.

In the University of London Union's Squash League all the three men's teams did well, with the second and third teams gaining promotion.

The lady's team also won the Hospitals' Cup and a lady's team representing the Thomas Guy Club gained promotion in the Lady's ULU League.

This squash season must have been one of the most successful Guy's has ever had.

E.S.

RIFLE CLUB

Guy's at Bisley 1985

This summer in June Guy's Rifle Club fielded two teams for the United Hospitals Cup Competition at the 116th Annual meeting at Bisley.

The teams were comprised of past and present Guy's students.

A Team: K. Pilcher, R. MacKeith, J. Quinn, S. Smallwood.

B Team: Rich Boulton, A. Barltrop, C. Alexander.

The competition was shot at three ranges:

300, 500, 600 yards. The total score of each team member was added to produce the total team score.

The day started with some excitement because at midday we could only find three team members; however, Andy and Carolife were found in Brookwood Station bringing the total to five.

At 2 o'clock we waded down to the range to find three old Guy's men had turned up on spec. We now had two teams.

Shooting started at 200 yards to be interrupted by a general cease fire. It was at this time that the heavens opened and all were



"Guy's 'A' team bar one with the Trophy."



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soaked. (Andy more than most after having heroically surrendered his waterproofs to Caroline.) Shooting then continued. When we reached 600 yards Guys 'A' were 17 points behind London 'A' so we had some catching up to do at the long range.

After scores had been added it showed Guy's 'A' and London 'A' teams to have an

equal score of 384 ex 420. Guy's won the match because we had the highest score at the long range.

Especial thanks to Colonel Boulton and the other old Guy's men for coaching us. Also for the post match celebrations.

Hope we can do the same again next year.

Sharpshooter

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BIRTH

WAKEHAM - On October 10th to Greta and John a daughter Lotte Georgina, a sister for Ellen.

DEATH

CLEGG, W. B., M.R.C.S., L.R.C.P. Died on September 18th, 1985.

ENGAGEMENT

KILBY - KNIGHT. Dr. Mark David Kilby and Miss Julia Margaret Knight. Mark is S.H.O. in obstetrics at University Hospital Nottingham and Julia is a physiotherapist, who trained at Guy's.

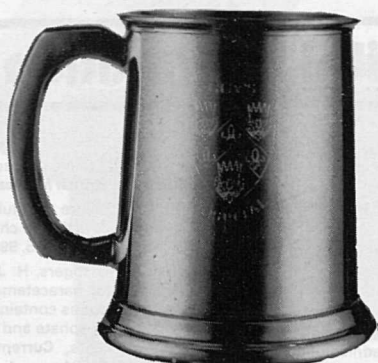
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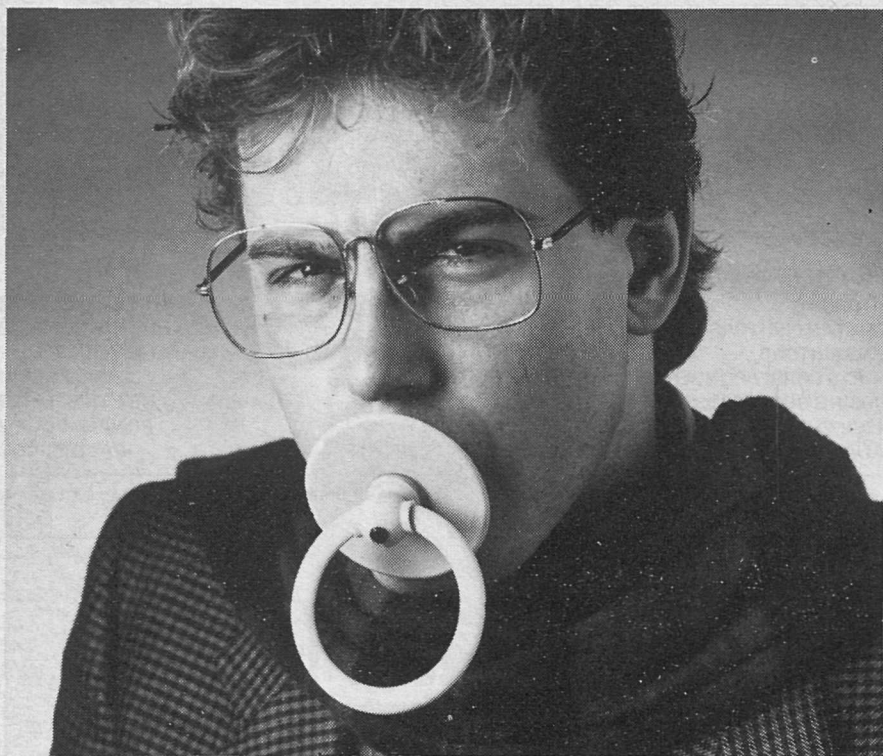
RONALD COOPER

PAT DRISCOLL

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The Seven Ages of the Guy's Man

"Thou seest we are not all alone unhappy:
This wide and universal theatre
Presents more woful pageants than the scene
Wherein we play in."

"All the world's a stage,
And all the men and women merely players:
They have their exits and their entrances;
The Guy's Man in his time plays many parts,
His acts being seven ages. At first the Fresher,
Mewling and puking in the nurse's arms.
And then the whining student, with his briefcase,
And shining morning face, creeping like snail
Unwillingly to lecture. Then the second-year,
Sighing like furnace, with a woful ballad
Made to his viva examiner. Then to clinical,
Full of strange facts, bedecked in white coat,
Jealous in ward round, sudden and quick in quarrel,
Seeking the bubble reputation.
Even in the consultant's wrath. And then the houseman,
In fair round belly with good ash-cash lin'd,
With eyes severe and facies haggard,
Full of wise saws and modern references;
And so he plays his part. The sixth age shifts
Into the lean and Moss Bros suit'd registrar,
With papers publish'd and degrees a-plenty,
Accreditation gained, but a world too wide
For his narrow sphere; and his big manly voice,
Turning again toward upstart medic, grills
And bullies bitterly. Last scene of all,
That ends this strange eventful history,
Is at last consultancy and mere oblivion,
Sans time, sans beds, sans NHS, sans everything."

Whether or not you fit neatly into one of the seven ages of Guy's men/persons, the *Gazette* wishes all our readers the merriest of Christmases and happiest of New Years.



News in Brief

Mr. R. Brown

Mr. Brown retires in December this year after eleven years service as porter in Boland House. A collection is being arranged, and any donations should be sent to: Miss E. Parsons, President of the Clubs Union, Boland House, Guy's Hospital, London SE1.

Inter-Hospital Nurses' Swimming Association



Captain Julia Cave with some of her team mates

After being runner-up in last year's Inter-Hospital Nurses' Swimming Association gala Guy's Hospital have won the *Nursing Mirror* Shield this year. This is the first time Guy's has won the competition in 36 years. Many congratulations.

(See report p.456)

Rugby Club Sweaters

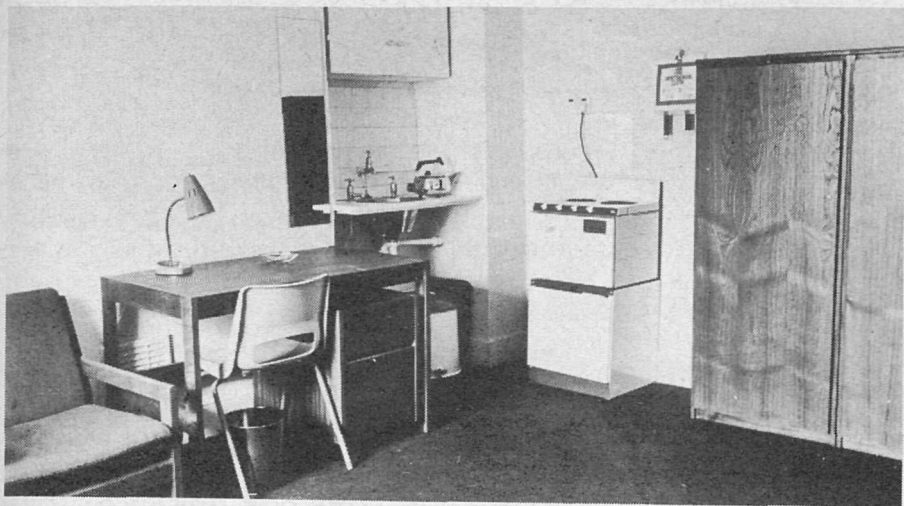
The Clubs Union Shop is now selling Guy's Hospital Rugby Club sweaters at £14.00 each. Sizes available range from 46" to 38". Enquiries should be sent to the Hon. Secretary, Rugby Club.

Front Cover

The front cover shows a Chinese dragon originally published on the front cover of 'The Dragon Wakes' by Christopher Hibbert. The *Gazette* would like to thank Penguin books for their permission to use the picture.

Additional Accommodation for Medical and Dental Students at 24-28 Ferndale Road, Clapham

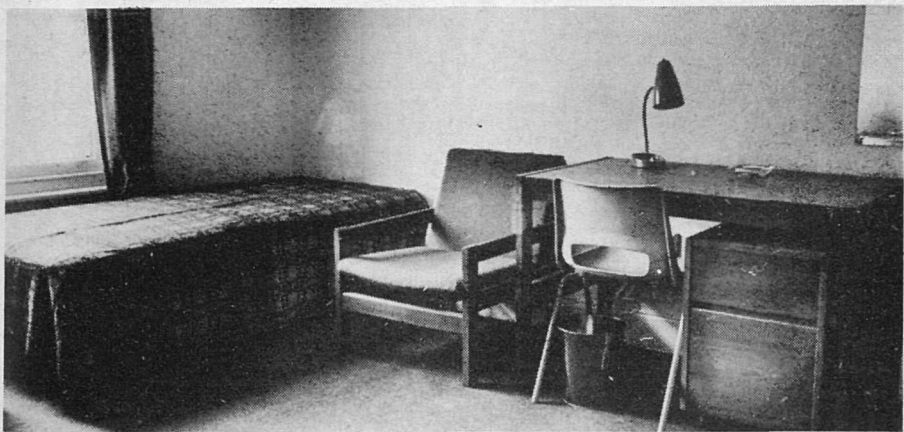
These houses were converted some years ago to provide self-catering accommodation for 25 students of the Royal Dental Hospital of the London School of Dental Surgery and are now available to all medical and dental students at Guy's. The accommodation is situated near Clapham North



underground station, which is convenient for travel to London Bridge on the Northern Line. There is a shopping centre nearby with all facilities and a launderette. The main Brixton shopping centre is within 10 minutes walk. Clapham Common is within easy walking distance.

Each study bedroom is fitted with a hand basin. Some rooms are self-contained with kitchen facilities and the remainder share a kitchen between 2 students. Residents pay for their electricity using the 50p slot meters, and provide their own bed linen, towels, crockery and cutlery.

Any medical or dental students at Guy's wishing to be considered for this accommodation from January 1986 should complete the appropriate application form in the Medical School Office. The rent for rooms will be approximately £20 per week (payable quarterly in advance), dependent upon the size of the room .



Gazette Subscription

Unfortunately the *Gazette* can no longer avoid an increase in annual subscriptions. This will rise to £10 from 1st January, 1986.



From L to R Mr. L. Evans, Mrs. S. Kortum, Miss D. Innocenti.

Thomas Guy Club Exercise Bonus

Mr. L. Evans, vice chairman of the Thomas Guy Club, is seen here giving members of the Physiotherapy Department a cheque for £1355. This money was raised by various sections of the Thomas Guy Club who have used the Physiotherapy gymnasium for their exercise classes. The money will be used to buy new physiotherapy equipment.



Disco Bid To Raise £40,000 For Guy's

On Sunday, 3rd November, Gillette U.K. sponsored a national disco dancing championship, held at the Cinatra Club in West Croydon, with the object of raising £40,000 for Guy's Hospital children's intensive care unit. The money raised will be used to fund the maintenance and operation of one intensive care cot. This could help save over 40 young lives a year.

Clubs' Union News

My apologies for the absence of a *Clubs' Union News* in the November's *Gazette*. Unfortunately, the copy date was during my placement at the maxillo facial unit in Chichester.

Freshers' week events were very well attended. Notable successes were the Family Party, where every preclinical student was matched up with a second year mother or father. Many friendships were forged and I hope this helped the new students to feel more at home and will give them some one to turn to if problems arise or just to ask advice over a drink in the bar.

The joint St. Thomas' and Guy's Freshers' River Boat Disco was so successful that UMDS held a joint Firework Party at St. Thomas' Sports Ground at Cobham. Guy's travelled by coach and car taking Plasma Roadshow with us. St. Thomas' organised the fireworks and barbeque. The event was enjoyed by all and is evidence that our hospitals are truly united. Plans are now afoot for more joint events including a Guy's and St. Thomas' rugby side.

The Snowflake Ball was held on November 8th at The Kensington Rainbow. This glittering evening included a tombola, casino and a delicious four course meal (with no unpleasant side-effects). Entertainers were a belly dancer who enticed many young men onto the dance floor to join in her routine and a wandering magician whose card tricks amazed us all. Dancing continued until 1.30 am. to an excellent jazz band and our own Plasma Roadshow. I would like to thank the committee who organised the Ball for providing an interesting and varied evening.

Elaine Parsons
President

Guy's Hospital Gazette



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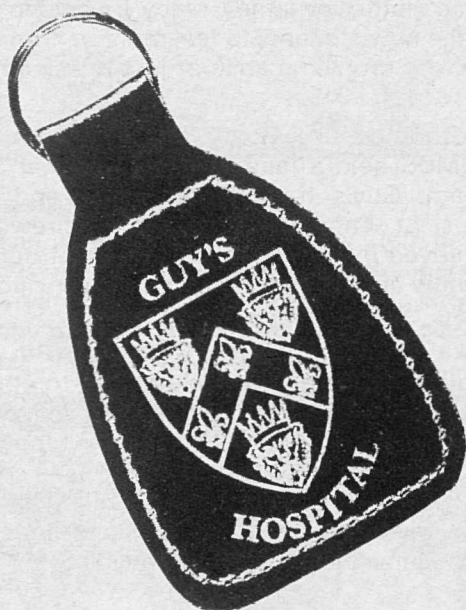
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The Contribution of Guy's and St. Thomas's Hospitals to the Introduction of Western Medicine to China

Part 1

by Simon S. Brook

Joint winner of the Lord Brock Memorial Trust Historical Essay Prize in 1985.

Presented to the History of Medicine Section of the Royal Society of Medicine in the Gordon Museum on 6th November 1985 to mark the 150th anniversary of the opening of the British Hospital in Canton.

In the history of Guy's Hospital, 1817 appears a quiet year. It followed a momentous year in which one John Keats satisfied the Court of Examiners of the Society of Apothecaries and, five years before being knighted, Mr. Astley Cooper aroused great interest by ligating the abdominal aorta. However in 1817, an old boy from Rugby School, having served his apprenticeship with Joel Marshall, house apothecary of Leicester Royal Infirmary, entered Mr. Astley Cooper's anatomical class. Thomas Richardson Colledge had come to study at Guy's at the time when the hospital was united with St. Thomas's as the United Hospitals of the Borough.

Colledge qualified M.R.C.S. on 1st January 1819 and within weeks he was on board the East Indiaman *General Harris* as a surgeon's mate, having been recommended by Astley Cooper for the post, which had suddenly been vacated. Having learnt and trained in the United Hospitals, Colledge was quickly promoted to ship's surgeon and continued in the traumatic school of sea medicine plying his surgical skills between East and West. During these crucial years of being on ship, there was time to see the needs of China, to practise for months on board and revise and learn back home "on furlough". When his colleague Dr. John Livingstone had to return home for his health, Colledge was appointed temporary assistant surgeon to the British Factory of the East Indian Company in Canton and Macao.

Whilst Colledge was achieving such promotions and viewing the needs of the Chinese from his new position on land, a very upsetting surgical division occurred back home in the Borough. The United Hospitals divided and Guy's opened its own medical school in 1825. New accommodation with a dissecting room, anatomical theatre and museum was provided and with Sir Astley Cooper's prestige, which had already led to Colledge's original appointment, the new Guy's school was an immediate success. This new stance of the two schools had far-reaching repercussions which even included China; for Colledge retained his

contact with his alma mater and referred both patients and specimens to his old teacher Sir Astley Cooper, sadly denying St. Thomas's any further contribution in introducing Western medicine to China in future years.

Having attended the United Hospitals, by tradition Colledge would have learned his surgical skills mainly at St. Thomas's whilst medical skills would have been learned from Guy's. Now he was to found his own hospital in China. This was to be the first hospital of modern Western medicine in China, founded in Macao in 1827, the first year Sir Astley Cooper was President of the Royal College of Surgeons.

In this year Colledge "determined to devote a large portion of time, and such medical skill as education and much attention to the duties of my profession had made my own, to the cure of so many poor Chinese sufferers of Macao and its vicinity as come in my way". His intention was "to receive patients labouring under every species of sickness, but principally those afflicted with diseases of the eyes". In the first year he funded this work himself, but by the following year, with the assistance of friends, he had rented apartments in Macao for the reception of such patients as required operations for the recovery of their sight. The houses were capable of receiving about 40 patients with many more attending as outpatients.

By October 1832 about 4000 indigent Chinese had been "relieved from various maladies". Besides such relief, Colledge was concerned that the "enlightened nation" to which he belonged should be known in China "as possessing other characteristics than those attaching to us solely as merchants and adventurers. As charitably anxious to relieve the distresses of our fellow creatures, we may be remembered when the record of our other connections with China has passed away." Such prophetic remarks, uttered so many years before the Opium War, need renewing to redress the balance on the British contribution to China. This contribution from the United Hospitals-trained Western doctor was outstanding both in its origin and foundation, for it paved the way for the introduction of most, if not all, Western medicine to China. For it must be remembered that at this time Chinese law restricted foreigners to Macao and Canton, so that Western medicine could only be introduced here. Added to this, the law restricted the medical practitioner, so that it might mean the practitioner himself would be condemned to the same fate as his patient should he die! Such law, having restricted the English doctor in China, would bring the Chinese patient to England, to Guy's and the new anatomical theatre filled with a vast number of teachers and students from the previously United Hospitals. But before this event restrictions of a bodily nature were to be considered with "ladies first" and "feet first" with the finding of a female body floating in the river at Canton.

In the course of their duties, surgeons of the British Factory had to go between Macao and Canton at the appropriate seasons of the year. Whilst attending at Canton it seems likely that this female corpse was shown to Mr. Colledge who would have been intrigued by anatomical curiosity, so enthusiastically aroused by Mr. Astley Cooper about ten years previously

in his anatomical class in London. For we next find that a specimen of a Chinese foot has arrived in London to be presented to Sir Astley Cooper. He in turn passed it on to his nephew Bransby who dissects the specimen, perhaps in Guy's dissecting room, and writes a paper on his work. The paper was read to the Royal Society of London by the secretary, Dr. Roget (of Thesaurus fame) on 5th March 1829. A curious tribute that even in surgery in China the anatomy needed to be studied before operating on the live patient, but even here it was vital to recognise one's limitations. This Colledge did with a patient who presented himself at his Macao hospital a year later in 1830.

A labourer from the fortified mouth of the Canton River (Bocca Tigris) called Hoo Loo, having heard of Mr. Colledge's skill, requested admission to the Macao hospital. He suffered from a massive scrotal tumour later recognised as Elephantiasis. Having witnessed Colledge operate, he repeatedly asked for surgery which Colledge was reluctant to perform himself "owing to the existing laws". After two years pleading Colledge referred him to England to Sir Astley Cooper with the help of the East India Company's select committee in Canton. (The 150th anniversary of this remarkable referral was recognised at Guy's in 1981 with a lecture to the Surgical Travellers, a paper in the Guy's *Gazette* and the painting of a new portrait of Hoo Loo which now hangs in the Gordon Museum.)

Hoo Loo's great operation and sad demise must mark the pinnacle of the introduction of modern Western medicine to China, for, within five years of his referral, a hospital had been opened on mainland China itself, in Canton in November 1835. The operation was performed by Mr. Aston Key, Sir Astley Cooper's one time apprentice who had been surgeon to Guy's for ten years. He was supported by Sir Astley and another of his former apprentices Thomas Callaway senior. The operation was witnessed by a vast crowd which included the great names of both Guy's and St. Thomas's with "Doctors Bright, Addison and Hodgkin" and "Morgan, Bransby Cooper, Callaway, Green and Travers amongst the surgical team".

After Mr. Key had conducted a *post mortem* and crowds had paid tribute to Hoo Loo lying in state for two days, he was buried, possibly under the site of the present museum and school at Guy's on 19th April 1831. Back in China, Colledge supported Hoo Loo's aged mother with the help of friends and presumably had to cancel a further trip to England by another patient under his care, who was awaiting a similar operation.

After treating 4000 Chinese, the hospital at Macao had to be closed in 1832 because Colledge's senior colleague, Alexander Pearson, had to retire leaving Colledge with a greater work load. At the time of Trafalgar in 1805 Pearson had introduced vaccination into southern China. However, at this time of closure in Macao Mr. Colledge during his residence in Canton, with the assistance of a resident American physician Dr. Bradford, started a long-needed dispensary, the forerunner to the Canton Hospital. Amongst the donors to the Macao hospital in later years before its closure were many noteworthy Chinese, and appended to the report and accounts from 1827 to 1832 we find sixteen letters of thanks from grateful Chinese

patients. Such letters were more than profuse in thanks and praise to "the great English doctor". In one, the writers, inhabitants of the towns and villages in several districts, bemoaned the fact that Colledge did not allow them any means of offering recompense so they "united in presenting bundles of crackers and in playing on instruments of music, in the front of his house to return thanks for his vast benevolence". Music must have been sweet to his ear as now, a year after closing his hospital, he creates a further sensation by marrying an American girl who plays the harp.

This marriage, which was extraordinary in China in those days, sealed a pattern of cooperation in Anglo-American relationships which would have far-reaching repercussions in both medical and diplomatic circles. Colledge and Bradford had already joined forces in Canton in opening the dispensary for the Chinese. Colledge had made suggestions that missionary societies should send members of the medical profession to work in China. This led to the Yale graduate the Rev. Dr. Peter Parker being sent to China, whose work has remained so vividly displayed in the Guy's Museum, which has 23 oil paintings of Dr. Parker's Chinese patients adorning the walls of the lecture room.

However, before Parker's work commenced in Canton, Colledge had to attend two notable English patients, who sadly died despite all the efforts of Western medicine in China. One of these was the Rev. Dr. Morrison who was the first protestant missionary to the Chinese. Whilst not medically qualified, he had opened a clinic in Macao with Colledge's predecessor and had made the most remarkable contribution to Anglo-Chinese translation and linguistics with his dictionary and translation of the scriptures. The other notable person Colledge attended in 1834 was Lord Napier, Chief Superintendent of British Trade in China. Before his death, Colledge wrote a most significant letter to Lord Napier, on the subject of providing a floating hospital for British seamen in Chinese waters. He mentioned the prevalence of malaria, from which Lord Napier probably died and "the necessity of procuring apparatus for the recovery of persons apparently drowned". He had obviously admitted foreigners to his Macao hospital as there had been no alternative, though the hospital was "originally intended principally for the relief of the poor Chinese". Despite Lord Napier's decease, such a floating hospital came into practice for a while, causing the introduction of Western medicine to China both by land and sea at Whampoa.

Parker learnt of the deaths of Colledge's patients while travelling by sea to China. In particular, Morrison's had a profound effect and it is quite apparent that Colledge had now become the key man to welcome Parker to China to promote medical mission work. Colledge took great pleasure in realising that Parker came from the United States, with the same ideas which had arisen from the work at the Macao hospital and Canton dispensary. For three years before the closure of the Macao hospital, the Chinese merchant How Qua had subscribed to that hospital. Now How Qua allowed Parker to open his hospital in Canton in rent-free accommodation in Hog Lane, 150 years ago.

Within a year of opening the Canton hospital, Colledge, Parker and the Rev. E. C. Bridgman, published their suggestions for the formation of a medical missionary society. It was published in Canton in October 1836. They were particularly concerned with "the selection of men of suitable qualifications". That they should be "not only masters of their Profession, and conciliating in their manners towards all classes, but judicious men".

In addition to the Ophthalmic Hospital already established now by Parker in Canton, they reckoned other departments were equally needed. These included a surgical department, a department for the ear, departments for cutaneous affections, diseases of females and for diseases of children. Such suggestions included "well disposed young men" to accompany qualified medical man, with "a view to becoming dressers and apothecaries". Whilst Parker had only been active in his hospital for eleven months, Colledge's training in his alma mater and ten years experience in China resounded through these suggestions which even included research and publication of a treatise in Chinese to dissuade barbers from introducing a sharp cutting instrument into the ear — a curious contrast to Colledge's membership of the Royal College of Surgeons, with its barber-surgeon ancestry.

The initial meeting of the Canton Medical Missionary Society was held in November 1838 and by December Colledge, now as senior surgeon H.B.M. service and president of the Society was able to write that the Society had "a house at Macao for the reception and care of such medical gentlemen, as may be sent out to its protection". Such protection was to be afforded remarkably to another Guy's man, William Lockhart, who was most likely Guy's first medical missionary and the first European medical missionary to be sent by a missionary society, the London Missionary Society, to China.

Lockhart was born in Gill Street, Liverpool in 1811. He applied to go to China as the Medical Missionary Society was being formed. He trained at the Meath and then at Guy's qualifying M.R.C.S. in 1834. His application was supported by Mr. Bickersteth, Surgeon to the Liverpool Infirmary and Mr. Wainwright, an Everton surgeon whom he assisted for three years. He eventually reached Canton in January 1839, taking over the Macao hospital, which Parker had started for the Society in July 1838. The Society's committee of management was headed by Thomas Colledge and he had found the "hospital-house" which was now placed under Lockhart's charge.

This hospital-house was put in repair by Colledge before he had to return home to England. The building was capable of accommodating 200 patients, with nineteen well ventilated rooms on two floors. It had a garden with three wells surrounded by a substantial wall. It was in "a healthy locality, overlooking the waters of the inner harbour, and having good access both by land and water". It was an excellent reminder of Colledge's original hospital which had been closed six years before. It formed part of an outstanding legacy which Colledge left behind in China and upon which Lockhart his successor from Guy's was able to build. It is truly remarkable

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that the new chapter which was about to begin should have the foundation and training of Guy's men as a vital point of continuity. Within months of Colledge's departure from Macao, witnessed by every European "and the sands and rocks around crowded with Chinese", Lockhart was to arrive.

We cannot close Colledge's contribution to introducing modern Western medicine to China, without mentioning both his recognition back in England and the extent of his legacy to China. Besides becoming a Fellow of the Royal College of Surgeons, the Senate of King's College and University, Aberdeen on 16th October 1839, "unanimously agreed to confer on Mr. Colledge an honorary degree of M.D."

With this Colledge petitioned the Royal College of Physicians of Edinburgh and was elected a Non-Resident Fellow on 4th August 1840. The Royal Society of Edinburgh on the proposal of Dr. Abercrombie elected him to Fellowship on Monday 15th April 1844. Lord Palmerston granted him an annuity in consideration of his services and the abolition of his appointment.

Back in China, Colledge remained permanent president of the Medical Missionary Society. The Society's regulations when Colledge was elected president in the February of 1838 included those of having a library and anatomical museum. The report to the November meeting was delayed in publication by the preparation of a catalogue of books in this library. It was presumably housed in Colledge's hospital-house at Macao and provides a wonderful insight into the contributors to introducing Western medicine to China. Colledge presented eighteen volumes including Travers' "Synopsis of the diseases of the eye", and amongst the 199 volumes the United Hospitals are well represented by No. 141 "Surgical Essays by Astley Cooper and Benjamin Travers, 3rd. ed. Lond, 1818, 8vo". This represents excellent cataloguing and a very firm academic base for the Society to which Colledge added with the donation of surgical instruments and specimens of morbid anatomy.

(to be continued)

Guy's Hospital in Southwark's History Part II

**by S. C. Humphrey, Assistant Local Studies Librarian and Archivist,
Southwark Local Studies Library**

The main reason why the normal development of a chartered borough did not occur lay in the ownership of much of Southwark's land by mediaeval ecclesiastics. The Archbishop of Canterbury and the Bishop of Winchester both owned large parts of Southwark in the Middle Ages and their neighbours included the monastic properties of Bermondsey Abbey and St. Mary Overy's Priory, whose church is now Southwark Cathedral. As if they were insufficient, the representatives of a number of monasteries outside London, such as Battle Abbey and Lewes Priory in Sussex and Hyde Abbey in Hampshire, had their London houses in Southwark. Local burgesses never had much chance to win proper self-government from these powerful ecclesiastics.

Land use, as opposed to land-ownership, reflected the fact that land in Southwark was marginal to that in the City of London. It was cheaper and subject to much less civil administration than that across the river. Hence the atmosphere of licence and even outlawry which grew up and which produced the theatres of Elizabethan Bankside, the brothels known as "The Stews" and the influx of criminals and of poor refugees. Later still, the cheapness of land (combined with the ability to drain it in more modern times) led to many large charitable institutions coming to Southwark: the Bethlehem Hospital for the insane, the Magdalen Hospital for former prostitutes, the Drapers' and Fishmongers' almshouses, and so on. Even today, the price per square foot of office space is temptingly less than that over the river.

In the Middle Ages, the Church not only owned a great deal of land but it also encompassed both education and medicine. In mediaeval Southwark, St. Thomas's Hospital began as a subsidiary foundation of St. Mary Overy's Priory. The hospital had a separate existence from the priory from 1215, when it was granted a site on the opposite side of Borough High Street to the priory. "Hospital" did not imply only a medical institution. It also implied a place where poor travellers were given attention (hence, of course, the word "hospitality") and an almshouse for the aged. It could additionally have implied a school. In Sussex, it will be recalled, there exists a well-known school called Christ's Hospital. The staff of a mediaeval hospital such as St. Thomas's would have considered themselves as having primarily a religious rather than a medical vocation. Those whom we might term the professional staff of St. Thomas's were professed Augustinian canons or nuns. The hospital's head or Master was rather like an abbot or a prior, albeit of a very small monastic house. Even after the dissolution of the monasteries and the re-foundation of St. Thomas's as a secular institution, in 1552, the head, known as the Hospitaller, was the person whom we would now call the Chaplain.

St. Thomas's was rebuilt a number of times after 1215. The earliest pictures of any detail show it after the rebuilding which took place at the end of the seventeenth century and the beginning of the eighteenth. This was the hospital which Thomas Guy knew, for he became a Governor in 1704 and a major benefactor. He saw his own hospital as supplementary to St. Thomas's and so in a sense the whole history of St. Thomas's until the 1720s comprises the antecedents of Guy's itself. St. Thomas's remained in Southwark until 1862, when the hospital was virtually evicted from its ancient site by the Charing Cross Railway Company. Its south wing, which was still quite new in 1862, remained and is now the post office; the parish church of St. Thomas, which derived from the mediaeval hospital, survives as Southwark Cathedral's Chapter House; and thirdly, of greater interest for medical history, is a former operating theatre, which is reached through the Chapter House. It was in use from 1821 until 1862, witnessing the introduction of anaesthesia, but preceding antiseptics.

How did Guy's supplement St. Thomas's? The older foundation had never accepted all categories of patients. Firstly, it had taken no lepers; they had been treated at the Lock Hospital in Kent Street, near the present

Bricklayers Arms flyover. Sufferers from plague were also shunned. More importantly, however, especially to Thomas Guy, St. Thomas's did not care for "incurables", which might be taken literally or simply meant "long-term" rather than "short-term". It also included cases of insanity. Guy's will stipulated that 'the new hospital was to admit patients "labouring under any Distempers, Infirmities or Disorders, thought capable of Relief by Physick or Surgery; but who, by reason of the small Hopes there may be of their Cure, or the length of Time which for that purpose may be required or thought necessary, are or may be adjudged or called Incurable, and as such, not proper Objects to be received into, or continued in the present Hospital of St. Thomas". As a supplement to the existing hospital, it was natural that Guy's new foundation should be built on land leased by the Governors of St. Thomas's out of their ancient precinct. Guy nevertheless provided for a separate governing body and also allowed the admission of patients deemed curable. In other words, Guy's was able to become a general hospital under its own government, but the fact that this development seemed to public opinion contrary to the founder's principal intention prompted the Governors of Guy's to re-publish his will in 1732.

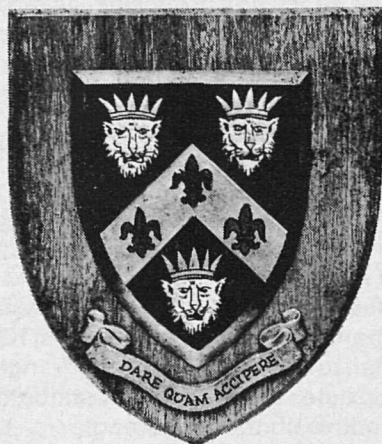
The original buildings of Guy's were completed for the admission of patients in 1726. Additional land was acquired in 1738 from the Governors of St. Thomas's in order to build the front quadrangle. Only the east wing was in fact built at that date. Scheemakers's statue of Guy, made in 1734, was moved to the centre of the quadrangle in 1739. The west wing, including the chapel, was added between 1774 and 1777. The later buildings owed much to the benefaction of William Hunt, who died in 1829 and who was buried in the chapel's crypt alongside Guy. The chapel's three stained-glass windows were inserted to his memory. His benefaction was second only to Guy's own in value and was chiefly expended on buildings to the south of Guy's House between 1850 and 1871.

Guy's original endowment and its later supplements were invested in land, which consisted chiefly of agricultural land in Herefordshire, Lincolnshire and Essex. The income from this property sufficed until about 1880, when it began to fall drastically because of the effect on agricultural prices of the influx of North American grain. English arable farming suffered a severe depression in the last quarter of the nineteenth century and institutions whose incomes derived from it suffered accordingly. A rental of 1872 states that Guy's income was £49,194 19s 11d, of which £46,870 13s 3d derived from estates; by 1887-8, the total had fallen to £35,062 19s 3d, of which only £27,190 19s 10d came from the estates. By 1896, 150 of the hospital's beds were unused ("*Plus ça change, plus c'est la même chose*" – Ed.) and in that year a Re-endowment Fund was launched. It achieved considerable success but the aim of keeping up with the hospital's needs was never fulfilled during its remaining existence until 1948 as an independent institution. The public appeal to augment the endowment was more or less a continuous feature of the fifty years before 1948.

It is a curious fact that Guy's remains in Southwark whereas its parent,



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St. Thomas's, moved elsewhere after six and a half centuries on its original site. I have demonstrated, nevertheless, that because of the circumstances of its foundation, Guy's can be linked with numerous phases of Southwark's past. An apparently 18th-century foundation leads one back successively through its founder's involvement with St. Thomas's in the days of Queen Anne, the re-arrangements of property at the Reformation, the estate of a mediaeval monastic hospital, to the priory of St. Mary Overy in the early Middle Ages. So in Southwark's history, which is rarely straightforward, it is notable that two of its most prominent institutions, Guy's Hospital and Southwark Cathedral, may be connected over a wide span.

From a talk given in Guy's Hospital Medical School on January 8th, 1982.

The Lewisham and North Southwark Formulary

The first Guy's Hospital Formulary (*Pharmacopoeia in Usum Valetudinarii*) was introduced in 1791. The word 'Formulary' seems to be replacing the older term *Pharmacopoeia* in this context, although *Pharmacopoeia* is perhaps the more accurate usage. From then on *Pharmacopoeias* appeared at intervals until 1948, there being some thirteen editions in all, excluding those concerned with dentistry. These *Pharmacopoeias* contained a relatively small list of single active drugs together with a number of standard mixtures either as liquid medicines or pills. The composition of these mixtures was decided by the Medical staff, the hospital Pharmacist or by tradition. Many hospitals had their own *Pharmacopoeias* listing their own favoured mixtures.

In the early 1950s the whole patten of prescribing changed. As more and more active drugs appeared on the market it became appropriate to dispense them in most cases as single agents and the formulation and packaging of these agents shifted from the hospital pharmacy to the pharmaceutical industry. Further, as a result of a policy of unconstrained treatment for all, the doctor was at liberty to prescribe any drug he thought fit and thus the need for a hospital *Pharmacopoeia* disappeared.

Over the past few years pressure of events has induced another change. An enormous number of drugs are available, some 17,000 preparations in all. Many of them are "me too" drugs with no particular benefit and are often unnecessarily expensive. Drug expenditure has soared and at the same time a ceiling on health expenditure within the NHS is being implemented. As a result a number of District Health Authorities (among them Lewisham and North Southwark District Health Authority), to say nothing of the DHSS, have begun to think in terms of a limited drug list or 'Formulary'. The Medical Committee Executive was asked to produce a Formulary for the District and a Formulary Committee was formed. This Committee is small and no attempt was made to represent all specialities. It does, however, represent both Guy's and

Lewisham, senior and junior medical staff and pharmacies. Nursing representatives have recently been included.

The brief of the Formulary committee was:

- 1) To prepare a list of drugs for use in the hospitals of the District which, although selective, would not compromise the standard of patient care.
- 2) To save money by reducing the variety of drugs held by the District pharmacies and by using the cheapest satisfactory alternatives where possible.
- 3) To produce a handbook which would contain useful information for those prescribing drugs and improve prescribing practice.

It was decided to confine the use of the Formulary to the hospitals within the District as general practice might differ considerably in its requirements.

The Formulary has been produced in three stages. The most expensive and widely used drugs were tackled first and part one was issued in 1983. Part two followed last year and the complete Formulary (excluding cytotoxic drugs) is due out this November. It will be updated at approximately annual intervals and in addition it is hoped to have a paediatric supplement available early next year.

It is still possible to prescribe a non-Formulary drug which can usually be rapidly obtained but for this it is necessary to complete a form stating reasons. This bit of bureaucracy serves a double purpose. It prevents easy prescribing of non-Formulary drugs and also allows the Formulary Committee to see if there is a need emerging for some particular preparation. In addition it is possible to request the Committee to consider a particular drug for inclusion.

From the start the Committee has tried to consult as widely as possible as it was felt that co-operation was essential if the exercise was to succeed. We regret that we have sometimes failed to seek the views of those involved but there are a very large number of prescribers in this District.

At least part of the Formulary has been in use for two years and it is now possible to have some initial ideas as to whether it has all been worthwhile. In terms of the original objectives:

- 1) The number of different preparations held in the pharmacies has been greatly reduced. As far as it is possible to assess, this has been achieved with no reduction in standards of patient care.
- 2) It is difficult to compute savings achieved against a background of inflation, reduced beds and the changing pattern of patient care, but at a rough estimate the saving over the last financial year was about £250,000. The total cost of producing the Formulary is about £25,000 annually including salaries.
- 3) It was considered essential that drug usage in the District was monitored so that the strengths and weaknesses of the Formulary could be assessed and the use of non-formulary drugs noted and, if necessary, investigated. It is of interest that at present less than 1% of all prescriptions are for drugs outside the Formulary.

The Formulary is distributed to both the junior and senior medical and dental staff and to each ward and outpatients. It is also given by courtesy of the Guy's Drug Research Unit to all clinical medical students.

Other Districts have shown an interest and it is intended that the Bromley, Tunbridge Wells, Camberwell and Hillingdon Health Districts will use the Formulary modified to include their own needs and ideas.

All this could not have happened in so short a time without a great deal of work and collaboration and we would like to take the opportunity to thank:

The junior and senior medical and dental staff of the District hospitals who have always been willing to discuss and advise. Without this dialogue the job could not have been accomplished.

The pharmacy staff in the District who have helped in a great many ways including proof reading and designing the cover.

Helen Collins and Sue Lowe who were responsible for the word processing and who have been so patient and accurate in the face of endless alterations.

Some Reflections from the Head of the Operating Table

by J. R. Wedley F.F.A.R.C.S.

I heard it on the BBC news. That is not surprising, one hears most things about one's own hospital from the BBC these days. Today the news was that Guy's Hospital had turned away a child needing open-heart surgery and the reason was that there are too few nurses in Guy's Hospital. A strange reason as the country is not short of nurses; they are working on checkout tills in Tesco's and Marks & Spencer. No doubt it is the financial situation again. The supermarkets have the money to pay their salaries but the hospitals have not.

And then the answer struck me. The hospitals are not short of nurses either. There are a lot of nurses in hospitals doing, well many jobs, but certainly not nursing. For many years now we have had Operating Department Assistants who have replaced the traditional role of the nurse in theatre. It is time to look at other areas, and one of the places where nurses are not necessary is the Outpatient Department. Yes I mean it. We do not need nurses in Outpatients. How do I know? I have had an outpatient clinic at Guy's for the last four and half years which does not have traditional nursing cover.

I admit it is irksome having to get the keys to open up the rooms, carrying my equipment about, having to lay my own desk, but there are advantages of course. For instance, I would have never realised that the wheelchairs do not fit through the doors in Outpatients. Yes, the ordinary wheelchairs do but the ones in Outpatients are of rather strange bulky design with very small wheels. How else would I have found out that

everything has to be carefully locked away afterwards to stop the telephones etc. being stolen. I had assumed those large ladies were on the way to the Antenatal Clinic but it seems some of them were stealing pillows.

Helping old ladies to undress and dress can be used as part of the physical examination – it is an excellent way of assessing what they are capable of doing. I admit it gets a bit lonely sometimes with only the patient to talk to. It is nice to have some company but then in the absence of anyone else the patient and I have to talk to each other, and in a four or five hour Outpatient Clinic as one's mind wanders over one's own personal problems, that gets boring and one starts to listen to the patient.

I suppose if there were no nurses at all we might have to employ a few intelligent unemployed youngsters to stock the shelves with all the forms that need to be filled in in the Outpatient Clinic and make sure that there are enough syringes and needles etc. but these are not nursing procedures anyway.

Imagine the impact on the hospital if all the nurses now employed in the Outpatients Department disappeared and their salaries were being used to employ nurses on the Wards. We might be able to treat even more patients like the child who was turned away.

On second thoughts it is all too revolutionary. It would cost money in theatre time and drugs, so maybe we should carry on as we are.

The Mole Report

Mole was in quite a good mood. He liked to nose things out by burrowing away and now he had plenty of company. For the last few weeks there had been much digging in the Park and the staccato of pneumatic drills could be heard from morning to night. In fact, Mole could swear that he heard one drill in St. Thomas Street answer another by the Pharmacy like a mating call. He had every expectation that, come the Spring, there would be lots of little pneumatic drills digging up the daffodils at the old Alma Mater. The official line was that it was work to replace the crumbling roof of the underground passages, but Mole had heard rumours that a subterranean operations room was being constructed so that our affairs could be conducted in safety while the rest of the hospital was being devastated. The excavations and the scaffolding were not an attractive sight, but they fitted in quite nicely with the slum-like appearance of the rest of the place, and even had the advantage of having yet another SIGN (Fig. 1). And talking of signs Mole would like to suggest a new one - KEEP OFF THE GRASS. This should be placed on the lawn in front of Shepherds House. Because of a broken chain fence, a steady stream of pedestrians have been taking a short cut to the Nurses Home and the grass has become horribly disfigured. A simple repair of the fence could have prevented this but this was too much to expect. As Mole has noted previously, the insidious development of squalor can be too easily



Fig 1: *The Garden of Eden, but without Adam and the apple – gone with the cuts?*

accepted by those that live in a place. However, they should be shamed by the letter in the last edition of this Journal from an Emeritus Consultant Pathologist who, after a recent visit, expressed horror at the unkempt state of Guy's grounds and buildings (Ref. 1). The question that naturally follows, is what about the mess that is going on inside?

Mole in the Park

Ref. 1: J. M. Fullerton (1985) *Guy's Hospital Gazette* **99**, 406.

Dental Notes

by Dr. S. J. Challacombe and Mr. M. L. Maberley

Claims must be in by 31st December for any refund of the discount given after the 1985 Dental Dinner and Ball.

David Robinson retired on 6th November after more than forty years on the staff. An appreciation will be appearing soon in the *Gazette*. His farewell party, sponsored by the Health Authority, was attended by many of his former students, including two Dental Deans, who are also still with him as patients. Several members of staff recalled their early days under his tuition. Friends and colleagues were delighted to see his wife Joyce, sons Bruce and Anthony, along with daughter-in-law, Michelle and grandson Peter.

John Cardwell, with his wicked sense of humour, collected a bumper

selection of highly erosive delicacies for presentation. There were little, white, well-known peppermints with a hole in the middle and chocolate bars to help with work, rest and play. Bottles of pure lemon juice were also provided to wash it all down. Of course, these all represented the dietary regime of which David has become something of a connoisseur in recent years. The ravages of attrition, erosion and abrasion will continue to occupy his dental skills for a few years yet because he intends to keep himself occupied with treating patients in the community.

Dental Notes was instituted by David Robinson several years ago, and reflected his keenness that events in the Dental Hospital and School should be brought to the attention of Guy's men who do not have everyday contact with the Campus. The many favourable comments we have received make it clear that *Dental Notes* is greatly appreciated and should continue.

The team is now joined by Mr. Michael Maberley, the Director of Dental Services of the Hospital and Miss Rosemary Bryan who will keep us up to date with Dental Society matters.

Dental Society News

by Miss R. Bryan

The new Dental Society management committee took over the team with Mr. Peter Longhurst as our President. Mark Foster had been elected to the post of secretary with Miss Sagi Patel as Treasurer. The student members are from the final year plus three from each of the other years – including some new faces as well as some familiar ones.

These committee members are as follows:

Final year:	Jeremy Davis
Fourth year:	Nick Jones
	Jane Pascoe
	Lisa Busby
Third year:	Karen Rawcliffe
	Pat Sequeira
	Ian Harris
Second year:	to be elected
Co-opted:	Elaine Parsons
	Clare Chavasse
	Rosemary Bryan

The first year students have yet to elect their three representatives.

The staff members include:

	Dr. David Brown
	Dr. B. G. N. Smith
	Mr. L. Usiskin
	Miss R. Lewis
	Dr. M. Meredith-Smith
	Mr. K. Jones
	Professor Poswillo
Co-opted:	Dr. S. Challacombe

We have had four committee meetings at which we discussed a variety of topics ranging from this year's Dental Ball to the familiar subjects of security and the state of our common room. Regarding security, gate-like shutters have been fitted on each floor of the dental school to hopefully prevent any more of our lockers being broken into! It was suggested that our common room could be re-decorated while the workmen are on floor 24 converting part of the men's locker room into a seminar room for the Oral Surgery Department.

This year's Dental Ball is to be held at the Hilton Hotel on Saturday, 19th April, 1986 – details of applications for tickets will be included in a future edition.

Following the tragic death of John Willis at the end of July, it has been decided to set up a John Willis Memorial Fund to provide a student elective award. To start the fund going, we showed the film "Poltergeist" on Friday, 1st November in the Ballroom. The film was followed by a disco provided by Plasma. It was a very successful evening, which was, I hope, enjoyed by everyone and which raised approximately £300.

The first Dental Society Meeting this term was the Presidential Address given by Mr. P. Longhurst and entitled "Superglue Please, Nurse"! This began by explaining in a very humorous way, how the student committee members had interviewed him for the post of President. He then proceeded to tell us something about "stick-on" dentistry, explaining how acid etched composite materials could be used instead of many of the more conventional crown and bridge procedures. These included a range from etched facings for hypoplastic or stained anterior teeth to stick-on Rochette and Maryland bridges.

For the second meeting we had invited Professor Aubrey Sheiham from UCH to talk to us on "Is there a future for Dentistry?" The Tower Lecture Theatre was packed for what proved to be a somewhat controversial and almost depressing talk. According to Professor Sheiham, with the rate of dental decay decreasing rapidly, we will all be out of a job in ten years. We will certainly have to enlarge our ideas as to what will be our "bread and butter" dentistry. Maybe we should specialise in preventive dentistry (periodontology). We thought not, as even periodontal disease is on the decline! Perhaps we should all give up now while we are ahead?

As is usual each year, several of our final year students went to foreign dental schools for their elective period. On Wednesday 30th October, we were treated to two excellent reports and some beautiful pictures of Kenya and Peru.

Alison Law, Richard Beard and Simon Portman-Lewis went to Kenya at the end of June. They visited the dental school in Nairobi, where unfortunately there was very little happening as most of the students were doing exams which are very similar to our BDS exams.

Therefore they spent some time at the State-run Dental Hospital where they treated patients, mainly extracting teeth!

The second report by Julian Mountfield and Nick Jones gave us an

insight into dentistry in Peru, specifically in Lima. They visited the dental school and then went out with some of the students as they were taken to the remote towns and villages to work as dentists in the community. This gave us a somewhat different view of community work than that which we got from visiting the Thamesmead and Dartford community centres! They also did some sight seeing with a trip to the lost city of the Incas, up in the Andes.

This meeting was concluded with a talk by Mr. A. D. Robinson on "Canals". This was not about dental canals but about Britain's waterways and the sights to be seen along the way. These sights of course included "bridges"! Mr. Robinson retired after a long career at Guy's on 6th November 1985 (his 65th birthday) and at the end of the meeting Mark Foster presented him with a gift from the Dental Society. This was a golf putter with which "ADR" had great pleasure in practising in the reception which followed the meeting. I would like to thank the Medical Defence Union for their kind sponsorship of this meeting and to wish "ADR" every happiness in his retirement.

We have two more meetings this term both for the final year students. On 12th November we have a talk on "Planning your Practice" which will be followed by our internal discussion and reception in the Robens Suite.

This year's "Gateway to Practice" will be held on Thursday 5th and Friday 6th December. This is for final students only and is intended to give us an insight into going out into the big wide world once we have qualified. It is conveniently arranged to take place after the final vivas and before the results come out. I would like to wish all those taking finals – the very best of luck in the exams and in the future.

Physiotherapy

By Christmas, the first 60 or so candidates for admission to the School in 1986 will have been interviewed, and the 30 1985 entrants will have had their first examinations, already more than a third of the way towards their Part I. No one, they will feel, deserves a holiday as much as they do. The way the present course is designed entitles them to take that point of view. Not for them, the gradual approach to a new life as a student in a large teaching hospital, with time to look around, test the water, make a few friends, do a bit of work. Rather, the sensation of being flung bodily into a bottomless pool of new words and strange expressions, and of wondering whether it might not be simpler just to sink rather than to struggle to keep afloat.

Not that you would think it to look at them. They look bright and cheerful enough, and in fact they have looked around, tested the water and made a few friends. But what about that bit of work – was it enough to produce them tolerable marks in their first quasi-formal attempts to tackle questions on anatomy and physiology in a paper whose format will probably have been unfamiliar? And was it enough to enable them to cope

with their first stand-up anatomy viva, with its front-of-the-mind requirement to answer an alarming number of detailed questions and make adequate demonstrations in the very short space of time available?

Another hard-pressed group, similarly looking forward to the Christmas break with impatience and fatigue, will let them know if it was. The teachers, their numbers progressively dwindling by virtue of cut-backs, departures and actual or imminent motherhood, will be red-inking away at scripts, making most un-festive comments in margins, and gritting their teeth at the thirtieth repetition of a mistake which clearly demonstrates that nobody understood that quite brilliant exposition they gave a few weeks earlier.

Time for retribution and for resolution approaches fast. Resolution by the teachers to make the little darlings start to work hard enough to pull up the past slack and still cope with the future demands. Resolution, too, to cut out the teaching-frills and stick to essential facts. Retribution in trial by examination-results for the students – and by the staff who might be called upon to account for the fact that results in the areas which they taught are so much worse than the rest. Resolution by the students to spare a few more minutes from their busy social lives to devote to their studies. Resolution to keep afloat and not to sink, defeated.

What is so curious is that the selected few from the 1986 interviewees will almost certainly repeat this performance in twelve months time. Is it inevitable, is it even something to be welcomed? After all, the boys and girls who qualified this year, with an unprecedented 19 distinctions and 12 merits in Part II, were the ones we despaired of three years ago.

Let's hope that they, and the rest of us, have a Merry Christmas and a resolutely successful New Year.

Ronald Cooper

The Bore Report

Continuing, by popular demand, the informal, bigoted and progressively less coherent remarks of our resident alcoholic, Cedric Bore. All information gratefully received. Any resemblance to any person living or, preferably, dead is accidental, and in many cases deplorable.

It seems that reports of break-ins in Wolfson have recently precipitated some unnecessary alarm in a female on-call obs & gynae student on the night of the Snowflake. On returning to her room in the early hours, she was greeted with the sight of it resplendent in nasty (she thought) purple paint. Luckily for one final (he *must* be by now) year dentist, better known for his pipe-cleaner resemblance, holidays in the Canaries, and his relationship with his Bank Manager, the Wolfson authorities were unaware of the coincidence that the aforemen-

tioned protagonist's room was directly above the victim's, that there was a strong wind blowing that night, that the victim's window was open, and that the blackcurrant supply in H.Q. ran out that night. It does not take a budding Sherlock Holmes, or even an aspiring gastroenterologist to make a diagnosis of the chain of events that night.

More by luck than judgment, the Snowflake has been a resounding success. For the few of us who knew the identity of the quartet responsible for the organisation of the above event, confidence in competence

was hardly the phrase that sprung to mind. Anyway, I was impressed by the way that the organised cabaret was upstaged by the Guy's contribution of the Andrew Farmer Masterclass (whose meretriciousness even surpassed his deception of a certain young lady that night), and the Richard Chapeau "reluctant models' lingerie catwalk". One victim, anticipating the attack, had supplied herself with a spare pair of smalls, only to have these inelegantly removed later for the amusement of nearby jazz fans. Students of Julie's Tasmanian geography are now considerably better informed.

This month's Bar Personality is to be a shared affair. Anyone who had the misfortune to be in H.Q. to witness Piltdown's exhibition of stone age courtship and official preference, may now wish to contact the Natural History Museum about the apparent discovery of the missing link. This neanderthalic performance was challenged by Fat Man Chas, also celebrating his eleventh birthday. Suffering from the attack on his claim to a human karyotype alluded to in the last edition, our hirsute vice-president has suffered a psychosomatic injury to his left hoof, which was treated by the on-call psychiatrist with prophylactic crutches. Charlie, overcome in a fit of alcoholic psychosis, seized the vice-president's temporary support and attempted to convert it into a Zimmer frame. When his future studentship was rapidly questioned, I understand the casualty bill was paid promptly, and in full.

I had my brother cast an eye over the recent Pathology written finals and he was in agreement with my embryological knowledge of Pathology that the paper was a complete give-away, although I understand that the editor of the *Gazette* was not exactly in agreement with this learned view. My brother assures me that it is in the best tradition of *Gazette* editors to fail finals, and it seems that our current mentor may have fallen at the first hurdle. (*Thanks! - Ed.*)

Those of you who felt obliged to cast an eye over last month's confabulatory collection may remember some barely comprehensible piece about the dermatology dept. camera going missing. I am pleased to report that the said item has been recovered, just in time for the T.V. in the residents' bar to take its annual holiday. I believe we have a new man in charge of the security of the residents' bar this year and I suggest he has a word with our friend in the dermatology dept. on the best way of re-

gaining one's responsibilities. I have a feeling that advice will come from very near to home.

Afficionados of the recently published Clubs' Union annual budget should draw their attention to one increased claim. The vast playing numbers of the basketball club were unable to function on their paltry £450 last year, and now miraculously require £1,540 for the smooth running of the club. Rumours that the surplus is involved in a major arms deal are tantamount to libel, and should certainly be kept in one's locker.

I am told that the lock on the Wolfson laundry didn't last long. What a surprise. Electric fences and I.D. cards are proposed to keep this vitally important domain of the Wolfson resident free from the scum of the council house dwellers.

Any of you fortunate enough to witness the recent Miss World competition will be aware of the obvious bias shown by the judges against the medical profession. Speaking as a feminist myself, I cannot condone such outrageous exploitation of the female sex. (It's their minds that matter really, isn't it?). However, some of my more sexist contemporaries have pointed out that by far the most attractive contestant was in fact a medical student who, what's more, hailed from Sweden. Nigel classes himself as an expert on the Swedes, although what he bases this on I have no idea. On the other hand...

The final nail in the coffin of the now, sadly, rarely seen institution, the lock-in, has surely been administered. As a result of the most recent of these adjuncts to one's normal drinking, one of the luxury cues in the snooker room was scratched. Does this really warrant the closure of the snooker room for a week, and the bar for the subsequent two Saturdays?

Prospective contributors to the Evelina Children's Fund have been treated recently to an explanatory tour by a strange man saying he is from Pizzaland and calling himself *Dr. Pearce*. I can't think what the nice *Mr. Pearce*, the *real* organiser would have to say about this fraud.

The prolapsing mammary tissue extensively mentioned last week has reappeared as a multitude at Honor Oak Park. The male population of the hockey club who were foolish enough to turn out during the sacred hours of Sunday afternoon, were treated to a goose-pimpled display of the same after a recent mixed-hockey festival. On the evi-

dence that was uncovered, the members of the ladies' hockey club could have a mixed tournament without the assistance of any male members.

The suggestions box in the Spit has at last received some material from the apathetic Guy's student populace. From a Mr. M. C. Pritchard — the "word salad".

I am pleased to see the emergence of bridge playing amongst the otherwise socially unaware regulars in H.Q. However, if one takes a closer look at one of the instigators of the resurgence then one identifies an individual not world-renowned for

the reliability of his sleight of hand, not only in the dealing of cards, but in the distribution of the liquor of the juniper.

Finally, a word of warning to those hoping to decorate their arm with some pretty young thing at any of the forthcoming balls on the Guy's circuit. This year, one very decent fellow, not exactly unknown to this column, had the ultimate dirty done on him only hours before this year's Snowflake. The moral of this is of course never trust the swede before you've seen the rest of the menu.

Cedric Bore

Book Reviews

"Pocket Examiner in Orthopaedics" by John H. Dixon. 1st Edn. Pp 149. Price £3.95. Cover: Soft. Published by Pitman.

This little book which does fit very easily into one's white coat or jacket pocket, has been very pleasantly put together by the author, who is a consultant orthopaedic surgeon in Bristol. The whole aim of the book is to provide undergraduates or post graduates with examination experience by posing questions and later in the book giving answers. From this sort of quizzing any student of orthopaedics or trauma is likely to benefit whether or not they are practising for exams. I think therefore this book is helpful just in the widespread knowledge that it can impart to the reader. Although the pages themselves are narrow and the book is only 150 pages long, the layout, in my opinion, very satisfactory and logical.

In the first chapter the general principles of fracture management are dealt with. The book goes on to deal with general orthopaedic disorders, with sections on complications, congenital disorders, etc. etc. The remaining pages are set out in such a way that they cover regional orthopaedics and within each section there is a series of questions on the relevant topics covered. This means that areas of the skeleton are dealt with in depth from the point of view, i.e., osteoarthritis of the hip, fractures around the hip and paediatric hip problems etc.

The questions asked total nearly 500 and I think they are by and large very relevant. The answers, which of course are the majority of the book from the point of view of bulk,

are well informed and to the point. I may disagree with a few details but on the whole I think this book is very suitable for any person who is interested in gaining more knowledge of orthopaedics and trauma whether at the undergraduate or post graduate level. In addition, the price is right and I strongly recommend this book.

J. D. SPENCER

Consultant

Department of Orthopaedics

"Epidemiology in Medical Practice" by Barker and Rose. 3rd Edition. Pp. 158. Price: £4.50. Cover: Soft. Published by Churchill Livingstone.

This is a welcome new edition of an established and authoritative work on epidemiology. It distinguishes the identification of health problems in respect of sick individuals from those assessed on a community or population basis. It reviews the uses and limitations of routinely collected data on mortality and morbidity and describes how to conduct special studies including the problems of sampling and censuses as well as the techniques best suited to obtain information about incidence or prevalence rates and the sort of problems likely to be posed by built in errors which occur in such surveys. It discusses how epidemiology can help to assess the relative importance of primary preventive measures, screening and therapy and their limitations as well as the distinction between needs and demands in relation to health problems. However, it deals only superficially with the application of

epidemiological techniques to problem solving in relation to health services and does not address the difficulties which confront those trying to apply these techniques in the complex situations pertaining to the British National Health Service and related services such as Part III accommodation or domiciliary care of vulnerable groups. The book is well written, easily read and draws on an interesting range of illustrative data. It therefore remains an ideal introduction to the principals of epidemiology and how these can best be applied to the clinical practice of medicine including some aspects of prevention. As such it is suitable for both undergraduates and post-graduates seeking careers in clinical practice. However, those who are seeking to make a career in Community Medicine will require a more extensive book, so too will those seeking to make a contribution to the management process at Unit, District or Regional level.

J. A. D. ANDERSON

Professor,

Dept. of Community Medicine

"Multiple Choice Questions in Paediatrics" by Nigel Speight. 1st Edition. Pp. 232. Price £5.95. Cover: Soft. Published by Pitman.

This is a little pocket book of M.C.Q.'s in paediatrics designed to help those sitting final M.B., D.C.H., and M.R.C.P. Part I. The questions are clear and unambivalent and cover a wide range of paediatric topics. They do reflect the subjects covered in finals. However, this book will not be relevant to those sitting finals in paediatrics at Guy's, where the examination is of the short answer type. M.R.C.P. Part I, which is an M.C.Q., is mainly on adult subjects and £5.95 is a lot to spend on a book that will not help with most of the examination. The main part of the book will not suit the Guy's clientele. At the back is a short but very good section on keeping cool and making the best of clinical exams. I recommend this section which could easily be read in the bookshop.

VIVIANNE van SOMEREN,

Lecturer in Paediatrics.

"Miscarriage" by Ann Oakley, Dr. Ann McPherson and Helen Roberts. 1st Edition. Pp. 224, Price £2.50. Cover S. Published by Fontana.

Until recently there has been an unfortunate dearth of information written about this very common and distressing experience. With the publication of "Miscarriage", written by a sociologist, a research worker and a

GP, comes an informative, readable and above all, a sympathetic account of the trauma of "losing a baby". The authors have reviewed both our present day knowledge of the possible causes and the current management of miscarriage with objective clarity and helpful statistics. The main attraction of the book, however, is the inclusion of anecdotal experiences of women who have miscarried – describing their confusion, guilt, sense of failure and understandable anxiety about embarking on a subsequent pregnancy.

The book will probably be thought by some to be overtly critical of the medical profession in their apparent lack of understanding of the devastating emotional aftermath experienced by many women. As the authors point out – this is not necessarily the individual practitioner's fault but may simply reflect a lack of training which could enable them to deal with such a distressing and uncomfortable area. While we as doctors are not confident to confront the emotional aspects of miscarriage the least we can do is to acknowledge the woman's sense of loss and advise recourse to this book. Hopefully, armed with facts, statistics but above all the comfort of shared experience, she may constructively acknowledge and work through her individual and profound sense of loss.

Dr. S. WATERFIELD,

Dr. M. CHAPMAN,

Department of

Obstetrics and Gynaecology

"Key Facts in Immunology" by D. W. Scott and J. R. Dawson. 1st edition. Pp. 254. Published by Churchill Livingstone. Price: £18.50. Cover: Soft.

This book attempts to review the essentials of modern immunology under three sections. The first of these sections deals with the basic elements of the immune system while the second and third cover the nature of the immune response and clinical aspects. The book has no formal text, instead each section is divided up into subject headings under which there are scraps of information in note form. Presenting immunological facts in this way makes them read like a British Rail timetable. In the preface both authors pay homage to the microcomputer who made this book possible and having tried to read it I am totally convinced that computers cannot write books. It is not clear who the book is written for and it is certainly not for medical stu-

dents at a cost of £18.50. Lecturers in immunology would find little, if any, usefulness in this text in preparing lectures or tutorials for students.

P. SHEPHERD

Senior Lecturer, Chemical Pathology

"Key Facts in Gross Anatomy" by T. V. N. Persand et al; 1st edn; Pp. 332; £18.50; Cover: Soft. Published by Churchill Livingstone.

Although described by its authors as a "comprehensive regional review of the essential facts of gross anatomy", this book is simply a series of lists, the contents of which are not at all comprehensive, and not all essential. Even so, it may be helpful to some students in the final throes of revision.

The facts are presented in an abbreviated form and are clearly arranged, but are generally devoid of either memory-aiding explanation or, where appropriate, adequate description of their clinical significance. It is helpful to be reminded that the anterior fontanelle is "most important clinically" (p.3) but it would be much more helpful to be reminded why!

The book is not intended as an introduction to gross anatomy, but as a revision of it. The reader needs sufficient knowledge of anatomy to be able to judge which facts are really essential, and to be able to recognise the potentially misleading and the erroneous, though only a very few fall into the last category.

In some ways the book is archaic. For example, eponymous terms are still used in some chapters, instead of the standard anatomical nomenclature now adopted by most major textbooks and journals. It is not "essential" to refer to the inguinal triangle as that "of Hesselbach" (p. 163), — merely unnecessary and somewhat old-fashioned.

A student using this book at the beginning of the preclinical course might be forgiven for acquiring the misconception that anatomy was a tedious, difficult obstacle to progress to be overcome by learning facts by rote, instead of the attractive and vital science that it is!

£18.50 is a lot to pay for a book of such limited use. It is too large for the pocket, in size as well as price, and though it may provide short-lived reassurance on the eve of examinations, it is no easy alternative to the proper study of anatomy.

Dr. MARY DYSON

Senior Lecturer Dept. of Anatomy

"Atlas of Human Anatomy with Integrated Text" by J. A. Gosling et al. 1st edn. Pp. 46. Price £19.50. Cover Hard. Published by Longmans.

One might be forgiven for thinking that the market for anatomy text books and atlases was saturated and here is a new one just published. However there are a number of features that make this book different.

The book combines a concise text with photographs of anatomical dissections. Such photographs are notoriously difficult to interpret in the ordinary way so each is accompanied by a labelled artist's drawing. This unusual combination of photograph, artist's drawing and relevant text make it a very useful book. I thoroughly recommend it. There is the added bonus that, by modern standards, it is cheap.

M. HUTCHINSON

Senior Lecturer

Department of Anatomy

"The Research Process." Alberta R. Kovacs; 1st edn.; \$18.65; pp. 363; Cover: Soft; Published by F. A. Davis Company, Philadelphia.

This book on the research process is designed for both nurse students and teachers with little or no previous experience with research. It is a clear, concise and well organised book that can be used either as a basic text or as a reference. Although an American text, generally the expressions are clear and would make easy reading for many British nurses but at a post basic level.

The chapters are short and arranged in five basic sections. At the beginning of each section, an overview of the content is given, and the objectives for each chapter are clearly identified. At the end of each chapter, assignments are given to encourage recall, clarification and application of the general content. Where concepts and examples are difficult to grasp there are many well laid out tables and diagrams to illustrate these. The use of print, and photographs and other illustrative material is appropriate and well chosen.

In all, a comprehensive, and well presented book with many references to facilitate additional reading. I should certainly recommend it for use in school libraries and as a text/reference for those contemplating carrying out an independent study.

Miss E. A. GIROT

Nurse Tutor

"Bedside Diagnosis" by Charles Seward & David Mattingly. 12th Edition. Pp. 425. Cover: Soft. Price £13.95. Published by Churchill Livingstone.

"Bedside Diagnosis" has now been in existence for 35 years and is in its twelfth edition. This latest edition shows evidence of rewriting and considerable updating. However, the format of the book is rather oldfashioned and unattractive.

The differential diagnosis approach of starting with a symptom rather than a disease has a lot to commend it. However, it is difficult to write a comprehensive textbook in this way. A long description of one condition breaks up the flow of a chapter dealing with a single presenting symptom. In some chapters Seward and Mattingly spend too much time on aetiology and descriptions of the disease, rather than concentrating on its relevance to the symptom under discussion, and other points that help in the diagnosis. Some of the chapters, such as the chapter on coma contributed by Dr. Harry Hall, are better laid out than others.

Each chapter deals with one symptom and starts with a brief synopsis of causes. There follows a section on physiology, then diagnostic approach before going on to the causes. Most of the sections do not deal with treatment.

There are now a number of books with this approach. The recently published "Common Medical Problems" by Gerald Sandler is more expensive but is much more imaginatively produced, with generous use of tables and figures. However, the text in *Bedside Diagnosis* has many fewer inaccuracies and omissions than "Common Medical Problems".

"Bedside Diagnosis" would be a useful addition to a general medical textbook for clinical students. Most bedside teaching works from abnormal symptoms and signs, and a student who has read the appropriate chapter in *Bedside Diagnosis* will be well prepared. I feel the task of reading the chapter would be more pleasant if the format of the book were more attractive.

P. J. REES
Clinical Tutor

"Principal Drugs: An Alphabetical Guide to Modern Therapeutic Agents" by S. J. Hopkins. 8th edition. Pp. 208. Price £1.95. Cover: Soft. Published by Faber & Faber.

Put a pharmacist in front of a computer and he will amazingly complete catalogues

of drugs and their actions. One of the most distinguished of such lists is *Martindale's Extra Pharmacopoeia*. Here is another but much smaller compilation. *Principal Drugs* was written by Dr. S. J. Hopkins who is a consultant pharmacist at Addenbrooke's Hospital. The bulk of the book is a dictionary of drugs, with extra sections on equivalent approved and proprietary names, drugs and breast feeding, oral contraceptives, insulin and intravenous administration of drugs.

The information given is concise and clear. Of course everybody has their own views of drugs and their uses. There are some minor points I might quibble with, such as:

castor oil A mild purgative, often useful after food poisoning.

natamycin An anti-fungal antibiotic used for candidiasis and trichomoniasis.

domperidone (no mention of direct actions on gastro-intestinal tract).

metoclopramide A gastric sedative (no mention of actions on brain).

deftopine An antihistaminic drug.

Nevertheless this is a useful little book and the new edition may well have a place in Sister's bookshelf on the wards.

R. G. SPECTOR
Professor Dept. Pharmacology

"Epidemiology of Common Diseases" by H. Peach and R. F. Heller. 1st edition. Pp. 219. Price: £7.95. Cover: Soft. Published by Heinemann.

Until very recently, books on epidemiology aimed at undergraduates or postgraduates have been concerned with principles and methods. Those seeking information on the epidemiology of a specific disorder have had to search the literature for reviews and original articles. This may be no bad thing, but there is an alternative now; turn to "*Epidemiology of Diseases*" edited by Miller and Farmer or to the newer work reviewed here.

The new book differs from its predecessor in a number of ways. Firstly it is all written by the authors who cannot be experts in every topic and - when I delved into the sections related to my own interests - are sometimes wrong or over dogmatic. Secondly the subjects are not reviewed in the conventional way and no references to statements or opinions are given. Thus there is no indication of the way in which different sources of information are weighed and analysed in coming to conclusions.

The virtue of the book is that it packs a lot of information into a small space and it is an excellent reference work for the student wanting a rapid resume of the basic epidemiological information of all the common and many of the uncommon disorders.

R. J. JARRETT

Professor, Dept. Community Medicine

"Psychological Aspects of the Care of Hospitalized Patients" by Lisa Robinson. 4th Edn; Pp. 147; Cover: Soft. Published by F. A. Davis Company.

This is a book for nurses on a theme which is of great current interest to the nursing profession. It is practical in approach with useful discussions on how to deal with

patients who are crying, frightened, confused or chronically ill and a particularly interesting chapter on the nurse as a patient. It is a small attractively presented book which can be read in an evening or dipped into now and again. Some of the American expressions would be strange to British nurses, and the references and further readings are almost all transatlantic, yet the message of the book survives and ward nurses who are looking for practical suggestions, or seeking to understand their own conflicting emotions when nursing patients will find lots of help here.

I. PALMER
Nurse Tutor

Correspondence

The Canonisation Balls

Dear Sir,

I noticed the enclosed in the current number of *Surgery*. I am sure that we are all relieved to know that our recent merger with St. Thomas' has finally received Divine approval.

The surgery of rheumatic conditions

Michael Laurence

Michael Laurence is a Consultant Orthopaedic Surgeon to the United Medical Schools of St. Guy's and St. Thomas' Hospitals, London, UK. He qualified from St. Mary's Hospital, London where he did most of his specialist training. His research interests are in the biology and physiology of cartilage and his principle involvement is in the reconstructive surgery of rheumatoid arthritis.

Yours faithfully,

M. C. E. HUTCHINSON,
Dept. of Anatomy.

Doing It

Dear Sir,

Congratulations on the best *Passim* for a long time. Your second paragraph brings cheer.

In the days of Winston, Cooke, Wallis and Goodliffe one was later assessed in respect of the Dean for basic character, potential and latterly school achievement in all fields. There was a realization then that most Guy's

men would become G.P.s whatever their dreams on application.

Things have now reversed and there seems to be selection on academic achievement only. The result is cumulative, now the R.C.G.P. is insisting on examination after vocational training and merit awards to the selected achievers. After thirty-five years I find no joy in being asked by a newly qualified doctor "What makes you think it's appendicitis?" Nor do I appreciate the viva, in a patient's home, over the 'phone which accompanies my every request for admission.

I do understand that there are some areas in which the standard of G.P.s has been low. Could this be due to poor selection whatever the source?

The gap in attitudes of hospital doctors and G.P.'s seems to be widening and so the threat of litigation is mounting due to poor mutual understanding and communication.

My motto is and ever shall be "it ain't what you do it's the way that you do it". Great faults are excused if one is willing to recognise them with the patient and supported by one's hospital colleagues.

Let's get simple again together, let's admit to medicine people who can be humble and recognise their and their patients' frailties. Let's admit a few of the necessary brilliant academics to whom we may refer our patients when we cannot cope but let them

also learn to understand our patients and our needs.

Yours sincerely,

Dr. EDWARD LEWIS,
105 Station Road,
Redhill, Surrey RH1 1DW.

With Thanks

Dear Sir,

Having now handed over the baton of *Dental Notes*, may I use your correspondence column to express my very sincere thanks to the many friends who wished me well at my recent retirement from the Guy's dental staff. I was really overwhelmed.

For those not able to come to the magnificent party it might interest them to know that I was presented with a couple of very useful power-tools, suitable for all kinds of maintenance work on house or boat; also a *Times World Atlas* to bring us up to date in world affairs, our existing one was dated just after World War II and so many countries have very annoyingly changed their names since then.

I was greatly amused by the spoof presents which included bars of chocolate, packets of sweets and bottles of fruit drinks; my patients would also appreciate the joke, I'm sure.

The large residual cheque will be spent in due course on some item in which my wife Joyce can share and by which we can remember the generosity of our friends at the hospital, past and present.

Yours faithfully,

A. D. ROBINSON,
10 Waldenshaw Road,
Forest Hill,
London SE23

The Even Unhappier Face of the Nation

Dear Sir,

I have just read the letter from J. M. Fullerton in the November edition of the *Gazette* in which she complains about the unkempt state of Guy's and the surrounding area. If she were to visit any of the large cities in the country she would find similar scenes in all of them. What she is seeing is Thatcher's Britain, a state of dereliction for which I would guess she is partly responsible. She seems to have a strange sense of priorities.

Does the external appearance of the hospital matter more than turning away sick babies or patients in renal failure through lack of Government funding?

On a lighter note, although I don't understand a word of it, I think the *Bore Report* is the best thing in the *Gazette*. Keep it up Cedric.

Yours sincerely,

ROBERT COURT,
14 Maidstone Grove,
Bleadon Hill,
Weston-super-Mare
Avon BS24 9NQ

Titertek Multiskan Appeal Fund

Dear Sir,

I am writing to ask if any member of the medical profession in this National Year of Remembrance 1945-1985 wishes to commemorate the doctors and nurses who gave their lives in the Far East during World War Two.

Many died from harsh treatment in the prison camps, but remembered particularly are our doctors and nurses massacred at Alexandra Hospital Singapore and St. Stephen's College, bayoneted by the Japanese. Further atrocities were committed at Banka Island when 22 Australian nurses were executed, and to these, Australia has raised a memorial.

12,433 British Far East prisoners of war died in captivity. Many survivors have since died, from tropical diseases brought back with them. Substantial numbers continue to suffer, and doctors at the Liverpool School of Tropical Medicine have sought my help in raising funds for a much needed piece of medical equipment. In this historic year, can you kindly offer small individual donations to my appeal to raise the £4,076 needed. A s.a.e. will ensure an official receipt. TITERTEK MULTISKAN APPEAL FUND, Mrs. S. Dixon, Fernhill Lodge, 2a Highfield, Sale, Cheshire M33 3DN.

(Mrs.) S. M. Dixon
Fernhill Lodge
2a Highfield, Sale
Cheshire M33 3DN

Sporting activity is currently at its height around Guy's at this time of year. The rugby club has had an indifferent string of results, especially at 1st XV level, and rumblings of discontent have been heard from some first teamers. The difficulties that a club faces when its captain is injured have been all too apparent.

The football 1st XI are again riding hand-somely at the head of their league, despite the fact that they are newly promoted this season, whilst the 2nd XI are consolidating on last season's successes. The hockey club finds itself with a wealth of talent and the most promising fresher intake for years, and great things are expected in the U.H. Cup.

Forthcoming attractions include the A.G.M. of the cricket club. Anyone interested should make every effort to attend.

C.F.E.P.

FOOTBALL CLUB

1st XI

After the mega-successful 84/85 season, Skip surveys his troops with some trepidation. Will there be any good freshers? Will the "purple celebrity" play? Has Gav Stokes burnt the kit? The answer to these questions and many more will become obvious during the course of this drivelling report.

"From Honor Oak to Motspur" – A captain's story, Part I

United Hospitals' Cup – 1st Round

The boys were tense – it was the most important game of the season so far and the mood in the dressing room certainly reflected it. Navroz Masani cast his eyes slowly around the benches; as captain, he felt like a father to them all. There was Anu, the midfield genius, busily smearing vase-line on his eyebrows – "They do this at U.L.U." he said, putting his tongue behind his top teeth in that peculiar way of his, Nav smiled. Over in the corner he saw Meadie – still very much the precocious teenager but

willing to give his all for the club – busily asking salty Allington why everybody called him Brickie. Next to them sat Big Nick Tucker clumsily doing up his boots and talking in that quaint Geordie accent of which he was so proud. (*Get on with it – Sports Ed.*) "Right lads" exclaimed Nav "this is the big one". This woke the Irish Fool who stretched and farted. "Pooh – that's horrible!" screamed the new boy Gautom, always the dressing room joker. Everyone laughed – it was going to be a great game.

A few minutes later the boys in blue were running onto the pitch, and, after the now customary one and a half hour warm up (another U.L.U. import), the game began. After just thirty seconds, it was Guy's who nearly took a shock lead over last year's beaten finalists with an enterprising effort from Nav himself. However, the crowd down at "The Park" did not have to wait too long to see No-Jugs score from a surprising-ly vertical position, the ball cracking accurately off his forehead, onto his shoulder and down his arm to reach the back of the net before stopping. "Great stuff" thought Skip as he trotted, Zola Budd style back to the centre, "we're 1-0 up".

Guy's proceeded to increase the lead to 4-0 with goals from Masani and Tucker and thoughts of a glorious clean sheet were in everyone's mind when the match was marred by a quite remarkable incident. Rising majestically to collect a high cross, the trusty Guy's 'keeper was brutally and disgraceful pushed a bit by the Free's centre forward. On the way down he quite unintentionally happened to get his arm caught around the stinking vermin's neck – in what, to a layman, would look like an armlock. The referee, Graham "Layman" awarded a penalty. Quite understandably, the Boy was so disturbed and mentally confused by the actions of this wicked, horrible, nasty man in black that he forgot to dive and so the Free got their consolation goal. "Oh, flipping heck" he muttered under his breath as he picked the ball out of the back of the neck.

Apart from this evil episode, it was a fine performance overall from the first team, safely and confidently taking them into a quarter-final encounter with St. Thomas'!

Post match drinking activities were mer-

cilessly chaired by the Irish Fool. Disgraceful whingeing provided by Dobber and the Facio-Maxillary Surgeon. In-car entertainment on the journey back provided by Salty.

Boy

Imperial College II 0, Guy's 2

First league game against potential promotion rivals. New fresher stars include the enormously mature Bill Schaeffer ("I want to be a maxillo-facial surgeon when I grow up") and Andy Meade, who having been thrown off the building site for over indulgence in eye-liner and loud shirts, is playing midfield (well), wide on the right. Vastly the better side, Guy's failed to convert pressure into goals, largely due to passing the ball to the flu-ridden (his excuse) Skip whose feet seemed to have been disconnected from the rest of his body. Thankfully, the purple talked (and talked, and talked...) us back into form, and goals from Meadie and Calorgas were enough. Tony Gardner, the prancing Madonna in goal, made some excellent saves at the end, notably from some ferocious back passes from the Irish Fool and Dave (snapper) Bailey.

Guy's 4, Royal Free 1

After a disastrous defeat by U.C.H. in the (unimportant) U.L.U. Cup, back to league business. Debut by the new ref. Graham Humphries whose first decision was to disallow a peach of a goal after 20secs. Apparently, Tucker was offside in the box, but we all know it takes him at least that long to reach the box from the half way line. After 20 mins another man dressed in black turns up claiming that he should referee the match. This man (shall we call him Mr. Alzheimer) proceeded to send off the first ref and blow his whistle in a totally random fashion for the remaining 70 mins. Confusion. Defence in disarray. 0-1 down. Skip throws a fit. Tony catches it.

A second half of customary brilliance. Skip coolly equalises from the penalty spot. Biswas Snr. scores a class goal to finish a class move, Brian. He looks better in blue than he did in purple, anyway. Biswas Jnr., on his debut, having shown much flair and skill on the right wing, and a good taste in one line jokes, sealed the victory. Paul Taylor performed the *coup de grâce* scoring with a flying overhead scissor kick in the piked position, finding the top corner. No he wasn't trying to control it, he meant to shoot, honest.

I.C. 0, Guy's 4

Despite the performing seal in goal, a clean sheet was managed. So bored in fact was Tony that he resorted to passing directly to the oppo. centre forward just so that he could spectacularly save the ensuing shot. I don't think he's got the idea of the game quite yet. Goals from Tucker, Taylor, Meadie and special guest star Kwesi. A measure of the talent in the club when our 4th choice centre back goes to play U.L.U. standard.

Guy's 7, School of Pharmacy 0

So easy it was boring. Tucker owes a jug for the hat trick. Calorgas excellent as sweeper.

Kings II 1, Guy's 5

Possibly the best start to a league season by any team in London. Gardner decides that 5-0 would flatter us so he gives away a goal in the last minute. Biswas Snr. decides that we haven't seen enough of him whilst he's been revising (?) for his path finals so he wore a skimpy short skirt. Apparently the ref asked him out for dinner after the match.

April Fool

2nd XI

Hospitals Cup

Guy's II 7, King's II 4 (a.e.t.)

After a successful start to the season with wins against George's II and L.S.E. III, it was with confidence that Guy's approached the first round of the cup (of which we are holders). Unfortunately nobody had any confidence in navigator Jenkins who, urged on by the equally incompetent Guppy, led our convoy on an extended journey to Collier's Wood, courtesy of N.C.P. Ltd.

Guy's started the match well with most of the early chances. However, a King's corner after ten minutes saw our 'keeper Chris "Nureyev" Pocock perform a leaping pirouette across the goal (reminiscent of a wart hog performing swan lake) and missing the ball completely allowing the opposition to scramble the ball into the net. Guy's fought back well and were rewarded with an equaliser from Croucher, who is an asset to any team with his anecdotes on married life (and being thirty-eight years old, eh Nick!). This was followed by two more goals, the first from Derryn Oloyede (pronounced "O-loi-dee", for those interested in semantics) and the other from Paul Elphick leaving us 3-1 ahead at half time.

The half-time team talk from captain Marchbank warned of the dangers of complacency, so it was of no surprise to anyone that complete apathy and disinterest hallmarked the performance of the team in the second half. The defence, led by Brian Jenkins, had played well up until this time. B.J. is an endangered species at Guy's, whose hoofing around the pitch will be sorely missed by all if he is put out to grass during the season. Also in the defence were James Gardner, an Oxbridge fresher who is reputedly undergoing psychiatric therapy, Emin Cornetti, our Armenian international, and Paul Abrahams (18) who had mercifully recovered from a quite shaking rhinovirus, that the previous Wednesday had prevented him from even picking up a telephone receiver and dialling the captain. As a result of the aforementioned conspiring to give the game to King's, the score with five minutes

to go was 4-3 in favour of the Denmark Hill mob. It was at this point that the Gods from Mount Olympus smiled down from high and sent us a sign that had dictated our victory in the Cup this season, and that it is our fate. This is the only explanation one can have for Croucher's second goal passing through the legs of the King's goalkeeper. The full-time whistle blew heralding extra-time.

In the second half Emin Fartalotti laid the ball on for our fresher winger to score on the far post. It was at this point that the world renowned tenor, Frank Caruso Guppy, was almost sent off, but in his own words "the ref was a luvly, luvly, luvly old school chum of mine". King's fought back but left Guy's space in attack which allowed Mark Thatcher to break away on two occasions, making the final score 7-4 in Guy's favour.

Mark Thatcher
Spitting Image Puppet

MOUNTAINEERING CLUB

Freshers' Trip 1985

An overcast Friday afternoon saw the assembly outside Wolfson of thirty-odd

would-be mountaineers, a few of whom were freshers. After packing of the roof-racks, an operation calling for much posing from the veteran climbers, the three vans raced into the rush hour. Some while later it



Hamish Gillespie on the first bivouac during the ascent of the Frenedo Spur in Chamonix (article in previous issue)

became clear that London's town planners had failed to put it near any mountains. But too late! We had arrived at Tremadog.

The cottage we were staying in sleeps six in charm and comfort. Increasing the number of occupants to thirty-five detracts little from the comfort (Mark says it has the best dining room table he's ever slept on) but adds wonderfully to the charm and atmosphere. I spotted a gap on the floor and dived into the heap of bodies.

Saturday morning and time to decide whether to go climbing or walking. After receiving firm guarantees that it would be safe and easy I joined the climbing party expecting it to be neither. I was pleasantly amazed to find climbing safe, extremely enjoyable, and easy provided the person pulling you up makes a good job of it. Never having given any thought to rock climbing, it was a revelation to find what fun it is when you have the security of a solidly attached safety rope with someone above taking up the slack, plus encouragement below to make you do the bits you think you can't do.

We returned to the cottage for a minimal supper, in order to reach the pub on time. Funny how the licensing laws are always taken as a moral minimum. An evening's drinking passed pleasantly, the only hiccup being a difference of opinion over when we should settle down for the night. The rift between the clean living "early to bed, early to rise" climbers and the "late for everything" walkers was in the event settled by the establishment of a military dictatorship, leading to a prompt "lights out".

Sunday brought glorious weather. If Saturday's weather had been disappointing for some (though I was too scared to notice for most of my first day's climbing) Sunday was sunny and clear. I lifted up mine eyes and lo! the view was "brill". We spent the afternoon climbing at a T-junction of glaciated valleys. The view was quite breathtaking, leaving me with a buzz lasting several days.

With much regret we made our way back to the cottage to pack. The trip back included such delights as a visit to the worst pub in the world, and one of the vans running out of petrol. Was this another example of our normally responsible drivers being affected by the moon? It was unusually full that night. Efforts will continue to be made to get to the bottom of this.

Hairy Cheeks

RUGBY CLUB

1st XV Results

Harlow	Away	L	10-17
Southend	Home	L	4-41
Nuneaton	Away	L	0-80
Camberley	Home	L	10-17
U.S. Portsmouth	Away	L	3-46
Harlequins	Away	L	7-26
Old Dunstonians	Home	L	7-11
Cinderford	Away	L	3-43
Old Rutleishians			
(Surrey Cup)	Home	L	0-34
Havant	Home	L	9-23
Osterley	Away	W	12-7
			65-345

The early start to the season seemed to have taken the team by surprise. However, having recovered from the initial run of 10 consecutive defeats, they triumphed against Osterley and now seem set to take the rugby world by storm, or at least with a good strong wind.

The game against Harlow saw Guy's take an early lead through the nimble Alan Jones. Harlow replied and the game was finely balanced until mid-second half when apathy struck and Harlow came away winners.

Southend saw the team well below par and the performance against Nuneaton was generally abysmal, a small consolation being the probing forays of Jamie Leigh on both occasions when the threequarters received the ball. The Captain has promised to record his feelings in a "purm" whatever that may be.

The game against Camberley was closely fought or so the score seems to suggest. Individual feats of valour cannot be related here as those who apparently played cannot recall any of the match.

U.S. Portsmouth away was bound to prove an exciting fixture. On the field we held firm for at least five minutes before they breached our defence. The score belies the fact that we were not outclassed, and that given some reasonable ball the backs might well have made something of it. As so often it was merely a question of the spirit being weak. The flesh seemed none too willing either. The return journey was marred by the melancholy of the idiot in the bows of the bus and the entertainment at the back. All attempts at arbitration proved fruitless as trying to bring the two sides together would have resulted in a crash.

Anyway, negotiations are still continuing regarding the whereabouts of a kidnapped seat cover and he says if you don't give it back he won't invite you to his party. So there!

Harlequins 4-21 was a game we should really have won. Martin King provided some much needed fire in the pack but, alas, on its own it was not enough.

The Old Dunstonians game was probably the lowest point of the season so far. A blind shuffle in a fog of mediocrity.

Cinderford saw a partial resurgence of the club's pride; after the usual relaxed start we produced a startling performance in the second half. Cinderford were forced into defence much of the time and we were unlucky not to score twice or more. Mike Coleman, although handicapped by illness and the presence of his keeper, ran elusively and Jamie Barbell, a recent addition to the side, had a classic game. The score duly reflected the run of play in the first half. Aftermatch entertainment was enjoyed by all – in fact one player, new to the club, was so impressed that he decided to stay the night in the house of a local lady – a new Hogan perhaps?

Sunday brought the newfound team spirit down to earth; there were several injuries on our side and this, combined with the captain's absence through damage led to a thorough trouncing at the hands of Old Ruttleishians. Even Neil Fresher on his debut seemed a little subdued afterwards – pining for the wilds of Gloucestershire no doubt.

The next week we entertained Havant. Without doubt this was the finest performance by the forwards so far – they played like men but were not wholly matched by our threequarters. Overall it was an encouraging performance against a very talented side and it was most unexpected.

Osterley. The Phoenix rises from the ashes (or worm turns perhaps?). The first victory and hopefully not the last

U.H. 7-a-side

Three sides turned up to represent Guy's. The 1st team reached the quarter finals with fine showings from Mike Coleman and Pete Mackenzie. Docker was fairly useful too.

The 2nds enjoyed their matches. Mike Rees making a guest appearance wheezed a lot and Dobbin demonstrated his blistering sloth in a series of fruitless charges.

Dr. Gibson's All Stars played with spirit and true grit. Their crowning glory came when Snorker Barry went over in the corner for a try against St. Mary's 1sts the eventual winners.

Pilt

3rd XV – Played 5, won 3, lost 2

The season kicked off in the best possible way with a trouncing of St. Thomas' 3rd XV. A 28-0 victory hardly seemed fair after such a performance, which led the opposition to query our status as a 3rd XV – poor losers (*what's new?* – *Sp. Ed.*). We were all very grateful to have a valuable addition to the team, both on and off the pitch, in the form of "fresher Phil". His after-match conversation left us all spellbound and I was amused to hear that even later in the evening he was relating tales of the "great penetrators" to anyone foolish enough to listen.

A short trip to Sutton and Epsom the following Saturday saw a depleted team perform admirably on a pitch with a slope that Chris Bonington would have done well to master. A failure to take advantage of this gradient in the first half left the opposition, more used to playing on such a preposterous pitch, to take control in the early part of the second half. A spirited fightback later in the game had substitute scrum-half, Burberry (replacing the continuously injured Petrides), score a fine try, leaving a close final score of 18-12. Defeat.

What must have been a very closely fought game against Old Dunstonians the following weekend saw yet another enthusiastic performance by the 3rds. I cannot for the life of me remember a thing about the game except that we won 12-8 and Simon "captain" Carruthers broke his collar bone – how very unfortunate for the poor chap – he should stick to guzzling contact lenses!

H.A.C. offered us a game the next week and later regretted this rather rash challenge. The home side, strengthened by the presence of the French International, Jean-Pierre, ran riot. A total of nine tries, three by full-back Staker, whom I would have said had had a superb game if it had not been for his totally inept conversion kicks – keep practising Paul. Everyone played superbly together and a final score of 40-0 seemed a let off for the visitors. The rejoicing and brimming confidence were to be short lived.

A disaster fraught trip to London Irish started off on the wrong foot with the kit and part of the team not arriving until after the

arranged kick off time. A pitch which would have blended in well with the Sahara Desert and the early exit of Davies Jnr. with a broken tib and fib (3/12 in plaster) were ominous signs. A rather sad showing of basic Rugby skills followed and a result of 0-40 left us in no doubt that we should select some fat boys for the next game (John?). Some had to leave before sampling the fine Irish Guinness. Some stayed and got very drunk. Get well soon Ben.

Players: Cheah, Howell, Dasos, Morgan, Martin, Slade, Gould, Craggs, Woods, Flynn, Carruthers, Petrides, Guppy, Slater, Thomas, Carruthers, Williams, Foxton, Staker, Rockall, Jean-Pierre, etc.

Chromosomal Abnormality

Guy's IV vs Streatham and Croydon V Lost 0-36

As a doctor I am often asked, "Doctor, what is the most common cause of skin bleeding?" Well, professionally speaking, I am convinced that diving into the rock-hard turf at HOP is a significant factor to such lesions. Indeed, one prays nightly for rain to soften the mud patches so that the skin of the IV team players can return to its normal peach-like beauty!

Our team was probably the best fielded this season by the IVth's with a notable exception in that the side lacked a kicker. Instead, our aged captain tried his luck at this fine art. With a cry of "Get under this one lads!" he proceeded to kick the ball a mighty two yards, without it leaving the ground! This was far too much for "Stumpy", who promptly collapsed with laughter, to the delighted giggles of the three IV team groupies on the touch line. The presence of female support made the Guy's team blaze, with several heroes manfully tackling as though they had nothing to lose and the girls to gain. Particularly noted for this was a certain full-back who will not be named but appears last on the team sheet.

Despite this, the opponents pushed forward their advantage of weight and speed. The Guy's team played to the best of their ability tackling when possible and winning balls in the rucks. It was impossible however, to get "George" worked up, but one looks forward to the Guy Fawkes night game, when a firework up the appropriate orifice may indeed do the trick.

Afterwards a good session was called for and was indeed arranged. A ferocious self-

abuse! Also it came to our attention that the opposition seemed to know scandalous facts about a certain curly-haired winger, which I am 100% sure are total fabrications spread about by vindictive members of the L.A.S.!

Perhaps after a few more games the team will become a lot tighter and a win will be on the cards. Later in the clubhouse the team was totally disgusted with the opposition, who did not return the complimentary jug of ale. This is not acceptable and one hopes that a return fixture will not be arranged. Even more alarming was the outbreak of Slater's Disease (Whingeus Moanus as it is known to the medical profession), and one hopes that this will not last for a long period of time.

Team: Slater, Cameron, Cheah, "George", Wilson, "Meat", Mark the Nose, "Fallus (captain), Ian, Davies, "Chops", "Moth Wal-let" Thomas, "Zippy", "Tefal", "Stumps". Fred replaced "Zips".

Cream Puff - Team Gay

Guy's IV vs London Irish X Won 16-4

Now what is that special word eh? W-H-U-N. No, that's not it. W-O-N-E, close. Ahh yes. W-O-N. Indeed we won! The sweet taste of victory anointed the palates of the IV team superstars, as we soundly beat the Irish squad. We had initial doubts about the opposition when they tried to beg a man off us to make the side up to 15. We did not comply, but gave them Tony Queer instead! Half way through the first half the Irish scrounged another player from us, but even with these two gifted individuals, they were no match for "Fallus's Fifteen".

The first 20 minutes were scrappy, until, out of the darkness came forth a glimmer of hope as miraculously, the captain emerged with the ball and 50 yards of open field in front of him. Off he sprinted, shrugged off a tackle and placed the ball between the uprights. For the first time we had scored first. The conversion was added by Crowther who had an excellent game, after a period of injury which ruined his love life. "Snorky" could have done better on the wing when he seemingly jumped into touch to avoid his marker.

A scrum on the 5 yard line resulted in the second try with "Griffo" wobbling over the line. Our new pack (with an average age of 55), made all the difference, with Popplewell

looking unstoppable. Indeed, the influx of Old Boys made a victory look certain.

The Irish played better in the 2nd half with their crafty tactic of "Boot it and run". They quickly scored a token try at this point. The game did get rough, with an Irish prop getting into several tangles until "Gibbo" retaliated with his own hay-maker. Then, the spirit went out of their team, and "Pops" pushed on to score after demolishing all comers.

Hence, the team was jubilant after its first victory except for the honorary Irishmen from Guy's. In the clubhouse, the captain duly polished off his gins but at one point looked as though he was going to disgrace us all by vomiting. We greeted with delight the news that the Old Boys wanted to play again, and we look forward to the next game when we can crouch behind these big blokes and not get injured.

Celebrations were informal, with a certain member of the Adopted Irish Society demonstrating the signs and symptoms of acute alcoholism. Overall, the players were elated and the full-back said (about the win I hope), "It was my first time and it was everything that I had ever wanted it to be, and could not have been better in my wildest dreams!"

Team: Gibson, Cameron, "Colin", Higgins, Knight, Conchie, Sofa, Popplewell, "Griffo", Crowther, "Snorky", "Fallus" (captain), Stumpy. Others, ("Tefal", Cleare played for L.I.).

Paddy O'Butler

Guy's B vs King's B Drawn 10-10

Although our opponents were big lads, they had little skill and were lucky to escape with a draw.

The main problem was our back line, with Cameron disappearing into the rucks leaving conspicuous gaps. If the King's centre had not been so creepy then they would have scored more points. In fact, the only time he passed, was when he met rock-hard "Tefal" at the back!

Doubts about my own mental sanity were aroused when I saw both of "George's" feet leave the ground (he played his best game yet) and when I heard that Pete "You'll no be having a sale, will you?" Thomas actually lent someone a fiver!

Watts scored both of our tries and made his presence felt in the pack. "Stumpy" seemed to have his mind elsewhere (as to where, we all have our theories), and fumbled several times. "Stron" played the full 80 minutes without receiving a serious injury and Slater gained a cut lip giving him the permanent "about to whinge" look.

Afterwards the pool table saw its fair share of players, with a King's man rejecting his pie and beans after one pint. At 8 o'clock, Guy "Out of the window" Slater and Nigel "Where's my wallet?" White, disgraced the Guy's team by being physically unable to play the pool game. Or do little else. Indeed, it will be no surprise if the toilets at HOP are not blocked for several weeks, due to the amount of diced carrot they received! The next day, several of our team looked pale and swore falsely "never again!"

Team: Slater, "Stron", Edson, "George", Wilson, Watts, Sopha, "Fallus" (captain), "Chops", Thomas, "Mr. X", Cameron, "Tefal", "Colin", "The Rejected One".

Totally Honest Referee

SWIMMING CLUB RESURFACES

After a lengthy absence from the Guy's sporting scene, the Swimming Club has mustered its forces, aided by a good intake of Freshers and is hitting the U.H. water-polo scene again.

The men have got some friendlies to fit in later this term, but the ladies are competing in the U.H. League. Battle commenced with a home match against Barts. Things started to look dodgy when the opposition arrived and we were still minus 3 of our 5 "experienced" players and the ref! Simon Vale was "persuaded" to take the whistle. Luckily Mary had spent the weekend reading the rules (anything's better than Path revision) and could even explain some of them to him!

Philippa and Liz arrived midway through the first quarter, but Gill and May (who had also played two years previously) were being supported magnificently by the new blood. We finished that 5 mins 4-1 up. Judy, Emma, Tasmin and Helen all did marvelously - even if they weren't sure of all the rules they'd been bombarded with 10 mins previously!

The second quarter consisted mainly of Phil playing catch with the Barts goalie, who remained a good deal busier than Liz

throughout. In the end we won 8-3 – even though the ref was pretty biased against us (do medics actually have to know how to count???)

But that was not the end. After goodbyes to Emma, Tasmin, Helen and Simon the rest of us squeezed into Phil's mini, and somehow found our way to U.L.U. If Phil was a cab-driver she'd make a packet with the routes she took. OK, so the rest of the team didn't exactly help, but we still arrived before the opposition.

Like us, the Royal Free were sub-less, so we were quite happy to agree to 4 min quarters: all apart from our masochistic superwoman who reckoned we needed "at least 5 mins to get going". The rest of us left her swinging along the underneath of the diving board, and had a rest on the side before starting.

The marking proved to be much tighter than before, and at times almost appeared X-rated. We still managed to break free a fair bit and, considering she must still have been warming up, Phil scored a good number of goals. The rest of the team had their moments – most of them pretty good as reflected in the score of 11-3 to Guy's.

Special thanks to Judy who played exceptionally well for someone "just making up the numbers".

So, a good start by all. If it's kept up we should be in with a chance of getting through to the play-off. Certain team members are absconding "down-under" before the finals, so anyone fancying a game (male or female) is more than welcome on a Monday evening.

G.M.S.

NURSES' INTER-HOSPITAL SWIMMING GALA

Tuesday October 1st 1985

Could they do it? After the Summer gala Guy's were leading by 13 points and the Autumn gala gave them the opportunity of lifting the *Nursing Mirror* Pre-Eminence Shield for the first time since 1949.

The major drawback appeared to be the miniscule size of the London Hospital pool; would these finely tuned aquatic machines be able to adapt without suffering multiple head injuries?

Any butterflies were soon dispelled as the Guy's team cruised through to the finals of all events. Despite a severe bang on the head when mis-judging a turn in 50m free-

style Kim-Britt emerged muttering "Richard, Richard", and has been acting very strange-ly ever since.

Although the final result, Guy's winning by 31 points, could have been a formality, there were nevertheless some excellent performances by the team. Jo Christian had only to enter her name for an event to lift some expensive silverware winning the 100m freestyle, 50m butterfly and style event with consummate ease.

Hilary had obviously been avoiding training with John and consequently she is now the sole member of the yellow certificate club. Her former compatriot Kim-Britt had to put in a fine performance in the 50m freestyle pulling back from behind to gain that elusive pink form. (*That sounds very nice – Sports Ed.*)

Paul Hughes pulled off the biggest surprise of the night; the team thinking his aspirations to enter the diving competition were merely an excuse to skip some of the rigours of training. The newest piece of equipment in the London pool, the specially designed non-spring springboard seemed to perplex most divers, but having never been on one before he found this static highboard positively simple. As much to his surprise as everyone else's Paul managed to emulate Sheena's efforts in this and the summer gala by winning the event outright.

Most swimmers, being obviously exhausted by their efforts in the pool, were looking forward to plenty of sustenance at the reception; this however was as difficult to find as a glass in the bar on a Friday night. Many had to do without and had to gain gastric stimulation by simply dunking their own tea-bags in luke-warm water.

The prize-giving ceremony had Jo reassembling a V8 piston (up and down all the time); David perplexing Barts new social secretary (yet again) by insisting he was given the wrong colour certificate, and to cap it all we weren't allowed the privilege of holding the shield aloft due to the officials concern as to who came second.

The team as listed below would like to thank all those who gave their support, it was greatly appreciated.

Julia Cave (captain), Kim-Britt Hodgett, Jo Christian, Hilary Winter, Helen Jones, Charlotte Berry, Jo Harvey; David Bone, Ron Black, Jeff Edmunds, Paul Hughes. Divers: Sheena Pollock, Paul Hughes.

Vico Slemon

At the Blues Committee meeting held on the 11th November 1985 the following awards were made:

Athletics Club

Full Blue Simon Petrides

Half Blue Garry Cook
Richard Healicon
Graham Meharg
Nigel Monaghan
David Ward

Badminton Club

Full Blue John Tung

Half Blue Andrew Goode

Boat Club

Full Blue Alastair Ward

Half Blue Andrew Goode

Cricket Club

Full Blue Tom Brink

Christopher Pocock

Half Blue Gavin Shannon

Fencing Club

Full Blue Mark Taylor

Half Blue Sam Pambakian

Football Club

Full Blue Navroz Masani

Half Blue Anu Biswas
Tony Gardner
Gavin Shannon
Paul Taylor
Nick Tucker

Golf Club

Full Blue Michael Escudier

Half Blue Neale Calver

Hockey Club

Full Blue Tom Brink

Neale Calver

Iain Cranston

Half Blue Jeremy Gregg

Rugby Football

Full Blue Graham Meharg

Half Blue Christopher Barry

Michael Coleman

Richard Thomas

Squash Club (Men's)

Half Blue Boris Barbour

Julian Feneley

William Hanks

Clive Pigeon

Nick Sarson

Squash Club (Ladies')

Full Blue Wendy Harris

Alison Law

Half Blue Ruth Morgan

Janet Neal

Tennis (Men's)

Full Blue Christopher Chin

Rod Jenning

Tennis (Ladies')

Full Blue Anne Scoones

M. C. E. Hutchison
Hon. Sec. Blues Committee

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MARRIAGE

BOSCH-JULLIEN. Edward Bosch, B.D.S. 1979 and Victoria Jullien, B.D.S. 1984 were married on Saturday, 31st August 1985 at Farm Street Church, London W.1.

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